

Middle Tennessee State University
Drug-Free Schools and Campuses Regulations Biennial Report
2022-2024

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Introduction and Executive Summary

The Drug-Free Schools and Campuses Act (“DFSCA”) provided in the Department of Education’s General Administration Regulations (“EDGAR”), Part 86, (34 CFR Part 86, Vol. 55, No. 159 (Aug. 16, 1990)), requires all institutions of higher education (“IHE”) that receive any form of federal funding to adopt and implement programs that prevent “the unlawful possession, use, or distribution of illicit drugs and alcohol by students and employees.” As part of DFSCR, IHEs are required to:

- Provide annual notification to all employees and students, in writing, of standards of conduct; appropriate sanctions for violation of federal, state, and local law and campus policy; a description of health risks associated with alcohol and other drug (“AOD”) use; and a description of available treatment programs;
- Develop methodology to distribute annual notification information to all students and staff; and
- Prepare a biennial report on the effectiveness of its AOD prevention and education programs and the consistency of sanction enforcement.

To comply with the DFSCA, as well as to promote an alcohol- and drug-free campus community for the safety and security of all students, faculty, and staff, Middle Tennessee State University (“MTSU” or “University”) has developed policies and processes to:

- Ensure engagement and review of AOD programs and policies by a cross-section of University departments and divisions;
- Develop annual notifications and communications to employees and students regarding MTSU’s standards of conduct, drug and alcohol policies, and a description of appropriate sanctions related to University, local, state, and federal violations of drug or alcohol possession, use, or distribution;
- Provide annual information on AOD prevention and treatment programming;
- Regularly provide information on the health risks associated with AOD use;
- Examine and review trends in AOD use on campus to enhance program delivery and treatment and/or support services; and
- Annually review campus AOD programming, and reports on programming effectiveness.

1. Alcohol and Other Drug-Prevention Program Elements

University Policies

Campus AOD policies are designed to limit the availability of alcohol and drugs through environmental management. The University's requirements on maintaining an alcohol-, drug-, and tobacco-free campus are included in several institutional policies:

- [540 – Student Conduct](#)
- [541 – Residential Life and Housing Policy](#)
- [750 – Tobacco-Free Campus](#)
- [755 – Alcoholic Beverages](#)
- [760 – Drug-Free Workplace](#)

The University also coordinates with local law enforcement, as well as the county's AOD prevention coalition, to advocate and enforce AOD policies. Efforts to include parents of students and faculty/staff in AOD prevention programming are ongoing.

Counseling

MTSU offers free, short-term counseling to currently enrolled students. Students can walk-in or call to schedule a same-day screening appointment with a licensed staff counselor. When students have longer-term needs, staff counselors assist in connecting students with community providers. The Counseling Center also offers groups and “Let’s Talk,” a drop-in, informal, individual counseling opportunity, held for two hours each weekday. Students can utilize this service to speak with a counselor for 30 minutes. Therapy Assistance Online (“TAO”), an interactive program that provides guided activities addressing substance abuse, general wellness best practices, and methods to overcome anxiety, depression, and other concerns, is a free resource for students and staff. MTSU Health Promotions, a division of Health Services, offers free wellness coaching on healthy living and time management and/or stress management issues. MTSU Center for Counseling and Psychological Services (CCPS), a training center for graduate level counseling students, also offers free AOD counseling to students and staff. Student therapists are trained to offer free brief, motivational interviews as part of a related counseling session. Parents attending CUSTOMS for incoming students are provided with AOD information to encourage family discussions with their student about MTSU's AOD policies, counseling services, and prevention programming.

Health Services and Campus Pharmacy

The University offers Health Services to enrolled students. Students do not pay a fee to be seen by the medical staff at Health Services; however, expenses may be incurred if the visit requires a physical exam, supplies or

medical equipment, or any additional testing. Campus Pharmacy services are available to students, faculty, and staff, as well. In partnership with MTSU Police, Campus Pharmacy sponsors the National Prescription Drug Take-Back Day as part of the Drug Enforcement Agency's (DEA's) efforts to remove excess drugs from communities where they could be abused or misused, diverted into the wrong hands, or disposed of in environmentally unsafe ways.

Human Resources Department

The MTSU Human Resources (HR) Department provides all employees with information about the University's policy as a drug-free workplace. The HR webpage provides information on the serious health risks associated with alcohol consumption and heavy drinking, as well as the health risks associated with the use of illegal/illicit drugs. MTSU's confidential Employee Assistance Program ("EAP") provides support for employees with alcohol and drug dependency, managing stress, overcoming anxiety, and a wide range of other personal and work-related concerns.

Staff Professional Development and Training

The University's Health Promotion's staff, as well as members of MTSU's administration, continue to participate in the state-wide prevention coalition known as the Coalition for Healthy and Safe Campus Communities ("CHASCo"), which is funded by the State of Tennessee's Department of Mental Health and Substance Abuse Services. Participation in CHASCo as a member University allows MTSU staff and administrators the opportunity to receive ongoing professional development, education, and strategic tools in AOD prevention. Membership in CHASCo also continues to provide the University with suicide prevention, mental health, stress management, and diversity/inclusion strategies and initiatives. Each year, the University works on a plan covering:

- Policy, Practice, or Procedure Changes
- Providing Information
- Building Skills
- Providing Support
- Increasing Barriers and Reducing Access [to harmful items]
- Reducing Barriers and Increasing Access [to information, training, and treatment]
- Changing Incentives or Consequences
- Changing the Physical Design of the Environment

These plans incorporate changes to programming to help accomplish the University's goals.

2. Program and Policy Knowledge

AOD Programs and Campaigns

MTSU does the following to increase awareness of its AOD programs, initiatives, policies, and resources:

- Annual distribution of the Higher Education Opportunity Act (“HEOA”) notification regarding the legal sanctions, health risks, and disciplinary sanctions related to drug and alcohol use on campus.
- Annual distribution of the HEOA notification regarding the impact of a drug conviction on a student’s financial aid eligibility.
- As part of the HR department’s employee onboarding, staff members are informed of MTSU’s prohibition regarding the possession, use, or distribution of illegal drugs and alcohol on campus, or on institutionally owned, leased, or University controlled property, and sign to confirm receipt of same.
- Students, staff, and student workers are required to acknowledge their awareness of the University’s AOD policy and programs.
- “True Blue Health” campaign displays and distributes social norming posters addressing binge drinking, vaping, stimulant use, and mental health.

Monitoring and Awareness

MTSU utilizes the following resources to remain informed about current AOD trends and their impact:

- The National College Health Assessment (“NCHA”) presents current trends in usage, risk, and behaviors. The Executive Summary of the NCHA report, Spring 2022 is included in Appendix A. An updated report is expected in 2025.
- The Healthy Minds Study provides a detailed picture of mental health, substance use, and related issues in college student populations.

3. Program Statistics

The following are summary statistics for MTSU’s program from 2022-2023 and 2023-2024, compiled by the Office of Student Care and Conduct (formerly Judicial Affairs), as well as statistics from 2021-2022 and 2020-2021 for comparison.

Data from the University Police regarding arrests is included in a separate chart.

Alcohol and Drug Violations from Office of Student Care and Conduct

<u>Violation Type</u>	<u>2023-2024</u>	<u>2022-2023</u>	<u>2021-2022</u>	<u>2020-2021</u>
Alcoholic Beverages	45	14	30	31
Drugs	55	68	61	37
Drug Paraphernalia	8	2	18	18
Public Intoxication	6	4	9	6
Total	114	88	118	92

The links to the full statistics from the Office of Student Care and Conduct are available here:

- [2023-2024](#)
- [2022-2023](#)
- [2021-2022](#)
- [2020-2021](#)

Alcohol and Drug Related Arrests from MTSU Police

<u>Arrest Type</u>	<u>2023</u>	<u>2022</u>	<u>2021</u>	<u>2020</u>
Liquor Law Violations				
On Campus	8	6	4	2
Non-Campus	0	0	0	0
Public Property	1	1	1	0
Student Residence	6	2	2	1
Drug Violations				
On Campus	28	34	17	11
Non-Campus	2	0	1	0
Public Property	45	20	36	26
Student Residence	5	6	0	4
Total Violations	95	69	61	44

Noteworthy observations from 2022-2024:

Violations were expected to rise as full campus activity and occupancy resumed post COVID-19 restrictions. Shifting to single occupancy dorms and social distancing likely had the single largest impact on the reduced violations from the 2020-2022 report. Additional data is required to assess current usage trends, however, the statistics for 2022-2024 are trending back to pre-COVID levels.

At a societal level, there has been a heavy push in the past two years to reduce drinking, with the marketization of non-alcoholic and low-alcohol options increasing steadily. Research is postulating that Gen Z drinks less than previous generations, which may result in a reduction of violations in the future. Alcohol violations are less than drug cases, which continue to be the most common issue handled on campus, both by the Office of Student Care and Conduct and MTSU Police. This may be influenced in part by the legalization and lessened restrictions on drugs at a national level.

4. Program Review

Ongoing Program Strengths

- Incorporation of norming posters and a campus-wide dedication to mental health, including stress management, anxiety reduction, and mindfulness techniques, directly addresses several underlying causes of drug and alcohol misuse/abuse
- Ongoing collection of data on substance use and related attitudes allows for continued identification of trends and statistics
- Ownership and responsibility of prevention programs shared among several departments allows for greater outreach potential and University engagement
- University participation in the CHASCo state-wide coalition provides training opportunities for increasing knowledge and improving program performance
- Staff willingness to work cooperatively and comprehensively to improve substance and alcohol abuse prevention efforts

Ongoing Program Opportunities

- Drug issues continue to be the largest category of violations
- Lack of an Alcohol and Drug Use Coordinator to directly focus on AOD efforts
- Lack of a Recovery Program for Students
- As MTSU bolsters athletic facilities, outreach, and projected attendance, greater opportunities exist for potential AOD concerns

- Decriminalization of drugs in other parts of the country potentially reduce perceived harm and increase availability

5. Recommendations

As part of our Biennial Review and Reporting Process, MTSU will work towards or continue:

- Offering alcohol use presentations to student groups addressing usage facts, standard drink sizes, abstinence, and harm reduction
- Offering e-CheckUptoGo Marijuana as an educational activity for students
- Continue to participate and attend CHASCo meetings, webinars, events, and conferences
- Continue ongoing training of peer health educators, a group of students who are trained to be peer advocates for alcohol awareness, HIV/STI prevention, and risk reduction among fellow students
- Provide parents with talking points regarding alcohol and marijuana use among college students
- Participating in national prescription drug take back events
- Continue to prioritize regular assessment of University students' health knowledge, attitudes, and behaviors through the use of survey tools such as the National College Health Assessment and the Healthy Minds Study Student Survey

Additionally, representatives will meet to discuss AOD programming as part of our biennial review, including:

- The Office of Compliance and Enterprise Management
- Director of the Student Health Center
- Director of Counseling Services
- Dean of the Office of Student Care and Conduct
- Associate Director of Residence Life
- Training Lieutenant for MTSU Police

Closing Remarks

The AOD prevention programming and support services of MTSU continues to expand, as administrators, faculty, and staff work together to advocate for the mental health, wellness, and safety of students. The University's continued collaboration among departments and divisions, as well as its work and commitment to AOD prevention will reduce instances of alcohol, drug, tobacco, and prescription-drug abuse.

Appendix A: MTSU American College Health Association National College Health
Assessment III, Spring 2022



MIDDLE TENNESSEE STATE UNIVERSITY

Executive Summary

Spring 2022

American College Health Association National College Health Assessment III

ACHA-NCHA III

The ACHA-NCHA III supports the health of the campus community by fulfilling the academic mission, supporting short- and long-term healthy behaviors, and gaining a current profile of health trends within the campus community.



AMERICAN COLLEGE HEALTH ASSOCIATION

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ACHA, the nation's principal advocate and leadership organization for college and university health, represents a diverse membership that provides and supports the delivery of health care and prevention and wellness services for the nation's 20 million college students. For more information about the association's programs and services, visit www.acha.org, and www.acha.org/NCHA.

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American College Health Association. American College Health Association-National College Health Assessment III: Middle Tennessee State University Executive Summary Spring 2022. Silver Spring, MD: American College Health Association; 2022.

Introduction and Notes

The ACHA-National College Health Assessment (ACHA-NCHA) is a national research survey organized by the American College Health Association (ACHA) to assist college health service providers, health educators, counselors, and administrators in collecting data about their students' habits and behaviors on the most prevalent health topics. The ACHA-NCHA now provides the largest known comprehensive data set on the health of college students, providing the college health and higher education fields with a vast spectrum of information on student health.

ACHA initiated the original ACHA-NCHA in 2000 and the instrument was used nationwide through the Spring 2008 data collection period. A revised survey, the ACHA-NCHA-II, was in use from Fall 2008 - Spring 2019 data collection periods. The survey was redesigned again, and data collection with the ACHA-NCHA III began in Fall 2019.

Please note that it is not appropriate to compare trends between versions of the survey. Directly comparing data points between the Original ACHA-NCHA, the ACHA-NCHA II, and the ACHA-NCHA III can lead to an erroneous conclusion and is not recommended.

Notes about this report:

1. Missing values have been excluded from analysis and only valid percents are included in this document, unless otherwise noted.
2. **The ACHA-NCHA III is programmed differently than earlier versions of the survey.** Rather than asking the respondents to answer every question (and offering a "not applicable" option), display logic was used throughout the survey to determine whether, based on their response to an earlier question, the student saw a follow-up question. This makes the valid percents of certain questions impossible to apply to the entire sample, as the denominator used was limited to only the number of students that saw the question. When appropriate, results are also presented using the entire sample as the denominator to show the proportion of the overall sample that experienced a particular issue. These differences in presentation are carefully noted throughout the document and will often explain differences observed between this document and the full data report. Please look carefully at descriptions of the data presented in each table, as well as any footnotes included.
3. **About the use of sex and gender in this report:** Survey results are reported by sex based on the responses to questions 67A, 67B, and 67C. The responses to these questions are used to create a new variable called RSEX. RSEX is used for organizing results in the ACHA-NCHA report documents. Respondents are reported as cis men or cis women only when their responses to 67A, 67B, and 67C are consistent with one another. If gender identity is consistent with sex at birth AND "no" is selected for transgender, then respondents are designated as either cis men or cis women in RSEX. If respondents select "yes" for transgender OR their sex at birth is not consistent with their gender identity, then they are designated as transgender/gender non-conforming in RSEX. A respondent that selects "intersex" for sex at birth, "no" for transgender, and man or woman for gender identity are designated as cis men or cis women in RSEX. A respondent that selects "intersex" for sex at birth, "yes" for transgender, or selects a gender identity other than man or woman are designated as transgender/gender non-conforming in RSEX. A respondent that selects "another identity" on 67C is designated missing in RSEX. A respondent that skips any of the three questions is designated as missing in RSEX. Totals displayed in this report include missing responses. Please see the ACHA-NCHA III survey codebook for more information about how data on sex and gender are coded.

For additional information about the survey's development, design, and methodology, email Mary T Hoban, PhD, MCHES, (mhoban@acha.org), Christine Kukich, MS (ckukich@acha.org), or visit www.acha-ncha.org.

We need to draw your attention to an important change in your ACHA-NCHA Report documents. Beginning in Spring 2021, responses for transgender and gender-nonconforming students are readily available directly in the report documents. This represents an important change in the way we have been reporting ACHA-NCHA results. We've prepared the following information to better explain the specific changes, our reasoning for doing so, and tips for using these redesigned report documents.

I. What we've done to date

- The ACHA-NCHA has asked respondents about their gender identity for 12 years.
- Data on transgender and gender-nonconforming (TGNC) students was available in the data file, but not displayed explicitly in the report documents in an effort to protect the privacy of TGNC students, particularly those students in smaller campus environments and at schools that publicly shared their ACHA-NCHA report documents.
- We have been trying to find the right balance between protecting students' privacy and making the results accessible to campus surveyors who may not use the statistical software that would be required to extract this information directly from the data files. Until now, we've erred on the side of protecting student privacy.

II. Why change?

- The number of TGNC students in our samples has been increasing over the years. Between 2008 and 2015, the number of students identifying as TGNC was very small (less than 0.05%). We've learned over the years that gender identity is complex and fluid. To better capture this complexity, we began asking separate questions about sex at birth and gender identity in Fall 2015. Now TGNC students tend to represent 3-4% of the overall sample.
- With greater number of students identifying as TGNC on the ACHA-NCHA in recent years, we have a better opportunity to understand their needs and behaviors than we have in years past.
- A number of health disparities between TGNC students and their cisgender peers have been well documented^[1], and schools need readily available access to this data in order to better address the needs of TGNC students.

III. What's different about the way we are reporting?

- First – a note about how we have been reporting ACHA-NCHA results to date. RSEX is a variable we create based on the responses to the questions on sex at birth, whether or not a student identifies as transgender, and their gender identity. The RSEX variable had allowed us to sort respondents into 4 groups for reporting purposes: male, female, non-binary, and missing. (Details about this variable can be found in all report documents.)
- The value labels for RSEX have been revised to better represent gender identity rather than sex. A value of "1" has been changed from "Male" to "Cis Men^[2]." A "2" has been changed from "Female" to "Cis Women^[3]." The value "3" has been changed from "non-binary" to "Transgender and Gender-Nonconforming" (TGNC), as it's a more accurate and inclusive term. The value "4" on RSEX remains "missing/unknown" and is used for students who do not answer all three questions.
- The "missing/unknown" column in the Data Report document has been replaced with a "Trans/Gender-Nonconforming" column. Because space limitations in the report prevent us from displaying all 4 categories plus a total column in the same document, it's now the "missing/unknown" column that is not displayed. Now when the Total of any given row is higher than the sum of the cis men, cis women, and TGNC respondents, the difference can be attributed to "missing/unknown" respondents that selected the response option presented in that row
- A column for "Trans/Gender-Nonconforming" has been added the Executive Summary Report document.

IV. Important considerations with this new format

- Percentages in the Executive Summary may represent a very small number of TGNC students and can limit the generalizability of a particular finding. To assist with the interpretation of the percentages displayed in the Executive Summary, the total sample size for each group has been added to every page.
- We encourage ACHA-NCHA surveyors to carefully review their report documents, particularly among the student demographic variables, and consider students who may be inadvertently identified in the results based on a unique combination of the demographic characteristics before sharing the documents widely or publicly. This is especially true for very small schools, as well as schools that lack diversity in the student population.
- Think about the implication of working with and documenting very small samples – from the perspective of making meaningful interpretations, as well as the privacy of respondents. This is true of all demographic variables, and not limited to gender identity. You may consider a minimum cell size or another threshold by which you make decisions about making your Institutional Data Report publicly available. It is less of a concern in your Institutional Executive Summary as we only display the percentages with the overall sample size.

[1] Greathouse M, BrckaLorenz A, Hoban M, Huseman R, Rankin S, Stolzenberg EB. (2018). Queer-spectrum and trans-spectrum student experiences in American higher education: The analysis of national survey findings. New Brunswick, NJ: Tyler Clementi Center, Rutgers University.

[2] Cisgender refers to people whose gender identity matches their sex assigned at birth. Cis men is short for "cisgender men" and is a term used to describe persons who identify as men and were assigned male at birth.

[3] Cis women is short for "cisgender women" and is a term used to describe persons who identify as women and were assigned female at birth.

This Executive Summary highlights results of the ACHA-NCHA III Spring 2022 survey for Middle Tennessee State University consisting of 691 respondents.
The response rate was 11.5%.

Findings

Cis Men n =	188
Cis Women n =	444
Trans/GNC n =	41

A. General Health and Campus Climate

- 41.7 % of college students surveyed (46.6 % cis men, 40.7 % cis women, and 28.6 % transgender/gender non-conforming) described their health as **very good or excellent**.
- 82.0 % of college students surveyed (86.4 % cis men, 82.2 % cis women, and 60.0 % transgender/gender non-conforming) described their health as **good, very good or excellent**.

Proportion of college students who reported they *agree* or *strongly agree* that:

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
I feel that I belong at my college/university	64.2	62.9	56.1	62.4
I feel that students' health and well-being is a priority at my college/university	48.1	53.3	36.6	50.6
At my college/university, I feel that the campus climate encourages free and open discussion of students' health and well-being.	52.9	57.7	36.6	54.8
At my college/university, we are a campus where we look out for each other	39.0	46.5	22.0	42.3

B. Nutrition, BMI, Physical Activity, and Food Security

College students reported:

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
Drinking 0 sugar-sweetened beverages (per day), on average, in the last 7 days	30.1	26.8	22.0	27.4
Drinking 1 or more sugar-sweetened beverages (per day), on average, in the last 7 days	69.9	73.2	78.0	72.6
Drinking energy drinks or shots on 0 of the past 30 days	68.1	73.1	65.9	71.1
Drinking energy drinks or shots on 1-4 of the past 30 days	17.6	13.4	14.6	14.9
Drinking energy drinks or shots on 5 or more of the past 30 days	14.3	13.4	19.5	14.0
Eating 3 or more servings of fruits (per day), on average, in the last 7 days	9.7	15.5	17.1	14.3
Eating 3 or more servings of vegetables (per day), on average, in the last 7 days	29.0	31.1	24.4	30.4

■ **Estimated Body Mass Index (BMI):** This figure incorporates reported height and weight to form a general indicator of physical health. Categories defined by The World Health Organization (WHO) 2000, reprinted 2004. Obesity: Preventing and Managing the Global Epidemic. WHO Tech Report Series: 894.

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
BMI				
<18.5 Underweight	4.8	5.0	5.0	4.9
18.5-24.9 Healthy Weight	41.4	42.2	35.0	41.0
25-29.9 Overweight	29.0	22.9	25.0	25.0
30-34.9 Class I Obesity	17.2	15.2	25.0	16.4
35-39.9 Class II Obesity	6.5	7.5	5.0	7.1
≥40 Class III Obesity	1.1	7.3	5.0	5.6
Mean	26.40	27.24	27.98	27.14
Median	25.72	25.63	27.25	25.75
Std Dev	5.61	7.43	7.31	7.00

Students meeting the recommended guidelines for physical activity

Based on: US Dept of Health and Human Services. *Physical Activities Guidelines for Americans*, 2nd edition. Washington, DC: US Dept of Health and Human Services, 2018

Cis Men n =	188
Cis Women n =	444
Trans/GNC n =	41

Definitions:

- Recommendation for **aerobic activity**: 150 minutes or more of moderate-intensity physical activity per week or 75 minutes of vigorous-intensity physical activity or the equivalent combination
- Recommendation for **strength training**: 2 or more days a week of moderate or greater intensity activities that involve all major muscle groups
- **Active Adults** meet the recommendation for strength training AND aerobic activity
- **Highly Active Adults** meet the recommendation for strength training and TWICE the recommendation for aerobic activity (300 minutes or more of moderate-intensity physical activity per week or 150 minutes of vigorous-intensity physical activity or the equivalent combination)

Percent (%)	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Guidelines met for aerobic exercise only	62.8	57.8	57.9	59.0
Guidelines met for Active Adults	41.0	31.7	15.8	33.2
Guidelines met for Highly Active Adults	32.2	22.5	10.5	24.5

Food Security

Based on responses to the *US Household Food Security Survey Module: Six-Item Short Form (2012)* from the USDA Economic Research Service.

Percent (%)	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
High or marginal food security (score 0-1)	54.3	53.4	39.0	52.4
Low food security (score 2-4)	24.2	25.0	26.8	25.6
Very low food security (score 5-6)	21.5	21.6	34.1	22.0
Any food insecurity (low or very low food security)	45.7	46.6	61.0	47.6

C. Health Care Utilization

College students reported:

Percent (%)	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Receiving psychological or mental health services within the last 12 months	18.7	34.9	68.3	32.7
*The services were provided by:				
My current campus health and/or counseling center	8.6	22.9	14.8	19.5
A mental health provider in the local community near my campus	25.7	34.0	26.9	31.5
A mental health provider in my home town	57.1	51.3	66.7	53.9
A mental health provider not described above	18.2	21.6	14.3	20.1

**Only students who reported receiving care in the last 12 months were asked these questions*

Percent (%)	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Visiting a medical provider within the last 12 months	58.8	76.6	82.9	72.1
*The services were provided by:				
My current campus health center	37.5	29.7	35.5	32.6
A medical service provider in the local community near my campus	26.7	32.6	28.1	30.9
A medical service provider in my home town	76.9	72.4	67.6	73.0
A medical service provider not described above	7.6	6.3	4.0	6.4

**Only students who reported receiving care in the last 12 months were asked these questions*

Cis Men n =	188
Cis Women n =	444
Trans/GNC n =	41

College students reported:

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
Flu vaccine within the last 12 month	39.8	40.2	46.3	40.2
Not starting the HPV vaccine series	23.7	27.1	17.1	25.4
Starting, but not completing HPV vaccine series	1.6	3.8	7.3	3.5
Completing HPV vaccine series	35.5	41.6	51.2	40.6
Not knowing their HPV vaccine status	39.2	27.4	24.4	30.5
Ever having a GYN visit or exam (females only)		57.9	43.9	
Having a dental exam in the last 12 months	60.1	70.0	61.0	66.6
Being tested for HIV within the last 12 months	8.5	12.8	12.2	11.4
Being tested for HIV more than 12 months ago	11.7	10.8	14.6	11.3
Wearing sunscreen usually or always when outdoors	16.5	36.9	26.8	30.5
Spending time outdoors with the intention of tanning at least once in the last 12 months	29.2	51.9	26.8	44.0

D. Impediments to Academic Performance

Respondents are asked in numerous places throughout the survey about issues that might have negatively impacted their academic performance within the last 12 months. This is defined as negatively impacting their performance in a class or delaying progress towards their degree. Both types of negative impacts are represented in the figures below. Please refer to the corresponding Data Report for specific figures on each type of impact. Figures in the left columns use all students in the sample as the denominator. Figures in the right columns use only the students that experienced that issue (e.g. students who used cannabis, reported a problem or challenge with finances, or experienced a particular health issue) in the denominator. *(items are listed in the order in which they appear in the survey)*

Negatively impacted academic performance among all students in the sample

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
Alcohol use	1.6	1.4	4.9	1.6
Cannabis/marijuana use	2.7	1.4	4.9	1.9

Negatively impacted academic performance among only students that experienced the issue

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
	2.3	2.0	6.9	2.3
	8.6	5.1	12.5	6.7

Problems or challenges in the last 12 months

Career	8.5	15.1	14.6	13.2
Finances	14.9	16.2	29.3	16.6
Procrastination	46.8	45.5	65.9	46.5
Faculty	10.1	7.9	14.6	8.7
Family	8.0	16.0	22.0	14.0
Intimate Relationships	11.2	9.7	26.8	11.0
Roommate/housemate	5.3	6.1	9.8	5.9
Peers	3.7	4.1	7.3	4.2
Personal appearance	2.1	6.1	7.3	5.1
Health of someone close to me	9.6	11.9	12.2	11.1
Death of a family member, friend, or someone close to me	8.0	9.0	17.1	9.3
Bullying	1.1	0.9	7.3	1.4
Cyberbullying	0.5	0.9	7.3	1.2
Hazing	0.0	0.5	2.4	0.4
Microaggression	2.1	1.6	9.8	2.3
Sexual Harassment	0.5	2.3	7.3	2.0
Discrimination	1.1	2.5	7.3	2.5

	23.9	40.1	35.3	35.8
	28.3	30.6	42.9	31.3
	62.0	59.9	71.1	61.3
	65.5	61.4	85.7	64.5
	24.6	34.8	39.1	33.0
	28.8	28.9	47.8	30.6
	26.3	26.0	33.3	26.3
	20.0	20.0	27.3	21.0
	4.5	9.7	10.3	8.8
	24.3	24.4	21.7	24.3
	29.4	30.8	58.3	32.5
	20.0	13.3	100.0	22.7
	25.0	23.5	60.0	30.8
	0.0	33.3	100.0	37.5
	12.5	12.1	25.0	14.7
	20.0	22.2	50.0	24.6
	12.5	30.6	37.5	27.9

Cis Men n =	188
Cis Women n =	444
Trans/GNC n =	41

**Negatively impacted academic performance
among all students in the sample**

Percent (%)	Negatively impacted academic performance among all students in the sample			Total
	Cis Men	Cis Women	Trans/ Gender Non- conforming	
Acute Diagnoses in the last 12 months				
Bronchitis	1.1	1.8	0.0	1.4
Chlamydia	0.0	0.2	0.0	0.1
Chicken Pox (Varicella)	0.0	0.2	0.0	0.1
Cold/Virus or other respiratory illness	9.0	16.7	9.8	13.9
Concussion	0.5	1.8	2.4	1.4
Gonorrhea	0.0	0.0	0.0	0.0
Flu (influenza or flu-like illness)	3.2	3.6	0.0	3.2
Mumps	0.0	0.0	0.0	0.0
Mononucleosis (mono)	0.0	0.9	0.0	0.6
Orthopedic injury	3.2	3.2	4.9	3.2
Pelvic Inflammatory Disease	0.0	0.0	0.0	0.0
Pneumonia	0.0	0.9	0.0	0.6
Shingles	0.0	0.5	0.0	0.3
Stomach or GI virus or bug, food poisoning or gastritis	2.1	3.8	12.2	3.8
Urinary tract infection	0.0	3.8	4.9	2.7

Percent (%)	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Any ongoing or chronic medical conditions diagnosed or treated in the last 12 months	27.7	33.8	65.9	33.6

Other impediments to academic performance

Percent (%)	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Assault (physical)	0.0	0.5	0.0	0.3
Assault (sexual)	0.5	2.9	4.9	2.3
Allergies	4.3	1.6	0.0	2.2
Anxiety	26.1	35.6	56.1	34.0
ADHD or ADD	6.9	10.8	17.1	10.4
Concussion or TBI	1.6	2.3	2.4	2.0
Depression	19.7	27.0	56.1	26.5
Eating disorder/problem	1.1	4.3	9.8	3.6
Headaches/migraines	9.0	13.7	17.1	12.6
Influenza or influenza-like illness (the flu)	3.2	3.6	2.4	3.3
Injury	2.1	2.9	4.9	2.7
PMS	0.0	12.8	9.8	8.8
PTSD	2.1	4.1	17.1	4.3
Short-term illness	3.2	5.4	14.6	5.2
Upper respiratory illness	7.4	6.8	4.9	6.8
Sleep difficulties	23.9	24.3	43.9	24.9
Stress	29.8	44.1	53.7	40.2

**Negatively impacted academic performance
among only students that experienced the issue**

Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
66.7	27.6	0.0	30.3
0.0	6.7	0.0	5.6
0.0	25.0	0.0	25.0
32.7	37.8	22.2	35.6
100.0	50.0	100.0	55.6
0.0	0.0	0.0	0.0
31.6	47.1	0.0	38.6
0.0	0.0	0.0	0.0
0.0	57.1	0.0	50.0
42.9	29.8	33.3	32.4
0.0	0.0	0.0	0.0
0.0	57.1	0.0	44.4
0.0	40.0	0.0	40.0
25.0	32.7	62.5	33.3
0.0	27.4	33.3	27.1

Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
44.4	41.9	73.0	44.7

Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
0.0	15.4	0.0	11.1
20.0	38.2	40.0	35.6
13.3	3.8	0.0	5.8
46.7	51.1	67.6	51.9
44.8	65.8	63.6	61.5
50.0	52.6	50.0	51.9
46.8	60.3	76.7	58.7
20.0	28.4	44.4	28.4
29.8	31.4	31.8	31.5
40.0	30.8	50.0	33.3
30.8	27.7	28.6	27.9
0.0	28.5	44.4	29.0
50.0	43.9	70.0	50.0
46.2	35.3	50.0	38.3
32.6	22.6	25.0	25.1
48.9	44.6	72.0	47.4
46.3	55.2	68.8	54.0

Cis Men n =	188
Cis Women n =	444
Trans/GNC n =	41

E. Violence, Abusive Relationships, and Personal Safety

Within the last 12 months, college students reported experiencing:

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
A physical fight	4.3	1.8	4.9	2.9
A physical assault (not sexual assault)	1.6	0.9	7.3	1.6
A verbal threat	12.9	9.9	26.8	11.9
Sexual touching without their consent	3.2	5.2	9.8	4.9
Sexual penetration attempt without their consent	0.5	2.3	4.9	1.9
Sexual penetration without their consent	1.1	1.1	2.4	1.3
Being a victim of stalking	1.6	5.0	9.8	4.3
A partner called me names, insulted me, or put me down to make me feel bad	10.8	11.8	20.0	12.0
A partner often insisted on knowing who I was with and where I was or tried to limit my contact with family or friends	5.4	5.4	2.6	5.3
A partner pushed, grabbed, shoved, slapped, kicked, bit, choked or hit me without my consent	2.7	3.2	2.5	3.0
A partner forced me into unwanted sexual contact by holding me down or hurting me in some way	0.5	1.6	2.5	1.5
A partner pressured me into unwanted sexual contact by threatening me, coercing me, or using alcohol or other drugs	1.6	4.8	5.0	3.8

College students reported feeling *very safe*:

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
On their campus (daytime)	84.3	75.4	63.4	77.1
On their campus (nighttime)	44.9	14.7	12.2	23.0
In the community surrounding their campus (daytime)	38.4	33.0	34.1	34.9
In the community surrounding their campus (nighttime)	20.0	9.5	7.3	12.4

Cis Men n =	188
Cis Women n =	444
Trans/GNC n =	41

F. Tobacco, Alcohol, and Other Drug Use

Percent (%)	Ever Used			
	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Tobacco or nicotine delivery products (cigarettes, e-cigarettes, Juul or other vape products, water pipe or hookah, chewing tobacco, cigars, etc.)	41.4	36.7	34.1	38.1
Alcoholic beverages (beer, wine, liquor, etc.)	71.5	70.5	75.6	71.3
Cannabis (marijuana, weed, hash, edibles, vaped cannabis, etc.) [Please report nonmedical use only.]	44.3	36.8	51.2	40.0
Cocaine (coke, crack, etc.)	7.6	5.7	0.0	5.8
Prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.) [Please report nonmedical use only.]	12.4	8.4	7.5	9.3
Methamphetamine (speed, crystal meth, ice, etc.)	2.2	1.4	0.0	1.5
Inhalants (poppers, nitrous, glue, gas, paint thinner, etc.)	6.0	1.8	5.0	3.1
Sedatives or Sleeping Pills (Valium, Ativan, Xanax, Klonopin, Librium, Rohypnol, GHB, etc.) [Please report nonmedical use only.]	8.1	6.3	12.2	7.1
Hallucinogens (Ecstasy, MDMA, Molly, LSD, acid, mushrooms, PCP, Special K, etc.)	14.6	9.9	14.6	11.3
Heroin	0.5	0.5	0.0	0.4
Prescription opioids (morphine, codeine, fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine [Suboxone], etc.) [Please report nonmedical use only.]	9.8	4.7	12.2	6.5

*These figures use all students in the sample as the denominator, rather than just those students who reported lifetime use.

*Used in the last 3 months			
Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
27.7	25.0	31.7	25.8
64.4	62.8	61.0	62.4
26.6	21.2	34.1	23.2
1.6	0.9	0.0	1.0
2.1	1.6	0.0	1.6
0.5	0.0	0.0	0.1
2.1	0.0	2.4	0.7
2.1	2.0	2.4	2.0
4.8	2.0	2.4	2.7
0.0	0.0	0.0	0.0
1.6	0.7	2.4	1.0

Substance Specific Involvement Scores (SSIS) from the ASSIST

Percent (%)	*Moderate risk use of the substance			
	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Tobacco or nicotine delivery products	18.1	16.7	26.8	17.5
Alcoholic beverages	10.6	8.6	9.8	9.1
Cannabis (nonmedical use)	16.0	13.7	24.4	14.9
Cocaine	1.1	0.9	0.0	0.9
Prescription stimulants (nonmedical use)	2.1	0.9	2.4	1.3
Methamphetamine	0.5	0.2	0.0	0.3
Inhalants	1.6	0.0	2.4	0.6
Sedatives or Sleeping Pills (nonmedical use)	1.6	2.0	2.4	1.9
Hallucinogens	1.6	1.1	2.4	1.3
Heroin	0.0	0.5	0.0	0.3
Prescription opioids (nonmedical use)	1.1	0.7	2.4	0.9

*These figures use all students in the sample as the denominator, rather than just those students who reported lifetime use.

*High risk use of the substance			
Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
1.6	2.3	4.9	2.2
2.1	1.1	4.9	1.6
1.6	0.2	4.9	0.9
0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0
0.5	0.0	0.0	0.1

Cis Men n =	188
Cis Women n =	444
Trans/GNC n =	41

Proportion of students (overall sample) who report misusing prescription medications (taking without a prescription, or taking more medication or more often than prescribed) in the past 3 months:

Percent (%)	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Prescription stimulants	1.1	1.1	0.0	1.0
Prescription sedatives or sleeping pills	2.1	1.6	2.4	1.7
Prescription opioids	1.6	0.2	2.4	0.7

*Tobacco or nicotine delivery products used in the last 3 months

Percent (%)	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Cigarettes	6.9	5.6	19.5	6.7
E-cigarettes or other vape products (for example: Juul, etc.)	17.6	19.4	24.4	19.0
Water pipe or hookah	0.0	2.7	0.0	1.7
Chewing or smokeless tobacco	6.9	0.0	2.4	2.0
Cigars or little cigars	7.4	1.8	4.9	3.5
Other	2.1	0.0	0.0	0.6

*These figures use all students in the sample as the denominator, rather than just those students who reported tobacco or nicotine delivery product use in the last 3 months.

Students in Recovery

■ 2.9 % of college students surveyed (2.1 % cis men, 3.0 % cis women, and 6.1 % transgender/gender non-conforming) indicated they were in recovery from alcohol or other drug use.

When, if ever, was the last time you:

Percent (%)	Drank Alcohol			
	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Never	22.5	23.5	19.5	22.8
Within the last 2 weeks	49.2	42.9	34.1	44.0
More than 2 weeks ago but within the last 30 days	8.6	8.8	9.8	8.8
More than 30 days ago but within the last 3 months	6.4	11.3	17.1	10.4
More than 3 months ago but within the last 12 months	7.0	6.5	9.8	6.8
More than 12 months ago	6.4	7.0	9.8	7.2

*Students were instructed to include medical and non-medical use of cannabis.

Cis Men	Cis Women	*Used Cannabis/Marijuana	
		Trans/ Gender Non- conforming	Total
50.3	59.0	43.9	55.5
17.6	10.4	29.3	13.6
3.2	3.4	4.9	3.4
3.7	6.1	0.0	5.2
7.0	7.7	9.8	7.7
18.2	13.4	12.2	14.7

Driving under the influence

- 17.8 % of college students reported driving after having **any alcohol** in the last 30 days.*
**Only students who reported driving in the last 30 days and drinking alcohol in the last 30 days were asked this question.*
- 42.1 % of college students reported driving within 6 hours of using cannabis/marijuana in the last 30 days.*
**Only students who reported driving in the last 30 days and using cannabis in the last 30 days were asked this question.*

Estimated Blood Alcohol Concentration (or eBAC) of college students. Due to the improbability of a student surviving a drinking episode resulting in an extremely high eBAC, all students with an eBAC of 0.50 or higher are also omitted from these eBAC figures. eBAC is an estimated figure based on the reported number of drinks consumed during the last time they drank alcohol in a social setting, their approximate time of consumption, sex, weight, and the average rate of ethanol metabolism. Only students who reported drinking alcohol within the last 3 months answered these questions.

Estimated BAC	Percent (%)	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
< .08		86.4	82.3	82.6	83.7
< .10		94.1	88.1	87.0	89.8
Mean		0.03	0.04	0.04	0.04
Median		0.01	0.02	0.01	0.01
Std Dev		0.05	0.06	0.07	0.06

Cis Men n =	188
Cis Women n =	444
Trans/GNC n =	41

*Reported number of drinks consumed the last time students drank alcohol in a social setting.

Number of drinks	Percent (%)	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
4 or fewer		71.4	83.5	87.5	80.3
5		6.7	7.6	4.2	7.3
6		7.6	2.9	4.2	4.2
7 or more		14.3	6.1	4.2	8.2
Mean		3.7	2.8	2.4	3.0
Median		2.5	2.0	2.0	2.0
Std Dev		3.1	2.2	2.2	2.5

*Only students who reported drinking alcohol in the last three months were asked this question.

Reported number of times college students consumed **five or more drinks** in a sitting within the last two weeks:

	Percent (%)	Among all students surveyed			
		Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Did not drink alcohol in the last two weeks (includes non-drinkers)		50.8	57.2	65.9	56.1
None		26.7	22.4	17.1	23.4
1-2 times		16.6	16.7	7.3	15.9
3-5 times		4.3	2.5	4.9	3.1
6 or more times		1.6	1.1	4.9	1.5

*Only students who reported drinking alcohol in the last two weeks were asked this question.

*Among those who reported drinking alcohol within the last two weeks

Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
54.3	52.4	50.0	53.4
33.7	39.2	21.4	36.2
8.7	5.8	14.3	7.0
3.3	2.6	14.3	3.4

*College students who drank alcohol reported experiencing the following in the last 12 months when drinking alcohol:

	Percent (%)	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Did something I later regretted		17.3	14.1	20.7	15.2
Blackout (forgot where I was or what I did for a large period of time and cannot remember, even when someone reminds me)		9.0	6.8	24.1	8.4
Brownout (forgot where I was or what I did for short periods of time, but can remember once someone reminds me)		15.8	17.6	24.1	17.7
Got in trouble with the police		0.8	0.7	0.0	0.6
Got in trouble with college/university authorities		0.8	0.3	0.0	0.4
Someone had sex with me without my consent		0.8	1.0	6.9	1.3
Had sex with someone without their consent		0.8	0.0	0.0	0.2
Had unprotected sex		12.0	14.3	27.6	14.5
Physically injured myself		6.0	7.2	13.8	7.2
Physically injured another person		0.0	0.3	3.4	0.4
Seriously considered suicide		6.0	3.9	10.3	4.9
Needed medical help		0.8	0.7	0.0	0.6
Reported two or more of the above		20.6	20.0	31.8	20.6

*Only students who reported drinking alcohol in the last 12 months were asked these questions.

Cis Men n =	188
Cis Women n =	444
Trans/GNC n =	41

G. Sexual Behavior

When, if ever, was the last time you had:

Percent (%)	Oral sex			
	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Never	33.5	33.7	41.5	34.0
Within the last 2 weeks	30.8	32.6	24.4	31.8
More than 2 weeks ago but within the last 30 days	5.4	7.1	9.8	6.8
More than 30 days ago but within the last 3 months	8.6	7.3	9.8	7.7
More than 3 months ago but within the last 12 months	8.6	8.0	7.3	8.3
More than 12 months ago	13.0	11.4	7.3	11.4

Vaginal intercourse			
Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
43.7	36.4	46.3	39.0
30.6	37.8	26.8	35.4
2.2	6.8	7.3	5.5
6.6	4.8	2.4	5.2
7.7	4.6	7.3	5.5
9.3	9.6	9.8	9.4

Percent (%)	Anal intercourse			
	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Never	68.5	80.0	80.0	76.9
Within the last 2 weeks	6.5	1.1	0.0	2.5
More than 2 weeks ago but within the last 30 days	2.2	1.1	0.0	1.5
More than 30 days ago but within the last 3 months	5.4	1.4	5.0	2.7
More than 3 months ago but within the last 12 months	6.0	4.1	5.0	4.6
More than 12 months ago	11.4	12.3	10.0	11.8

*College students who reported having oral sex, or vaginal or anal intercourse within the last 12 months reported having the following number of sexual partners:

Percent (%)	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
None	0.0	0.0	0.0	0.0
1	74.3	75.1	54.5	73.7
2	8.3	12.5	22.7	11.9
3	8.3	4.5	9.1	6.0
4 or more	9.2	7.9	13.6	8.4
Mean	2.2	1.7	2.4	1.9
Median	1.0	1.0	1.0	1.0
Std Dev	4.2	1.9	2.5	2.7

*Only students who reported having oral sex, or vaginal or anal intercourse in the last 12 months were asked this question.

College students who reported having oral sex, or vaginal or anal intercourse within the last 30 days who reported using a condom or another protective barrier *most of the time* or *always*:

Percent (%)	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Oral sex	4.6	3.4	7.1	3.9
Vaginal intercourse	25.4	26.5	21.4	25.9
Anal intercourse	12.5	10.0	0.0	11.1

*Only students who reported having oral sex, or vaginal or anal intercourse in the last 30 days were asked these questions.

College students who reported having vaginal intercourse (penis in vagina) within the last 12 months were asked if they or their partner used any method to prevent pregnancy the last time they had vaginal intercourse:

Percent (%)	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Yes, used a method of contraception	78.8	78.9	77.8	78.9
No, did not want to prevent pregnancy	4.7	3.4	0.0	3.8
No, did not use any method	14.1	17.7	22.2	16.8
Don't know	2.4	0.0	0.0	0.6

*Only students who reported having oral sex, or vaginal or anal intercourse in the last 12 months were asked this question.

Cis Men n =	188
Cis Women n =	444
Trans/GNC n =	41

*Those students who reported using a contraceptive use the last time they had vaginal intercourse, reported they (or their partner) used the following methods:

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
Birth control pills (monthly or extended cycle)	41.8	44.9	14.3	42.9
Birth control shots	0.0	2.1	0.0	1.5
Birth control implants	7.5	6.4	14.3	7.0
Birth control patch	0.0	1.1	0.0	0.7
The ring	4.5	1.6	7.1	2.6
Emergency contraception ("morning after pill" or "Plan B")	7.5	4.3	7.1	5.1
Intrauterine device	19.4	13.9	14.3	15.4
Male (external) condom	44.8	38.5	50.0	40.7
Female (internal) condom	0.0	0.0	0.0	0.0
Diaphragm or cervical cap	0.0	0.0	0.0	0.0
Contraceptive sponge	0.0	0.0	0.0	0.0
Withdrawal	14.9	27.8	42.9	25.3
Fertility awareness (calendar, mucous, basal body temperature)	1.5	7.5	14.3	6.2
Sterilization (hysterectomy, tubes tied, vasectomy)	3.0	8.0	7.1	6.6
Other method	0.0	2.7	0.0	1.8
Male condom use plus another method	29.9	27.8	35.7	28.6
Any two or more methods (excluding male condoms)	13.4	26.2	21.4	22.7

*Only students who reported they or their partner used a method the last time they had vaginal intercourse were asked these questions.

College students who reported having vaginal intercourse (penis in vagina) within the last 12 months were asked if they or their partner used emergency contraception ("morning after pill" or "Plan B") in the last 12 months:

Yes (10.5 % cis men, 19.5 % cis women, 22.2 % trans/gender non-conforming)

College students who reported having vaginal intercourse (penis in vagina) within the last 12 months were asked if they experienced an unintentional pregnancy or got someone pregnant within the last 12 months:

Yes (0 % cis men, 2.1 % cis women, 0 % trans/gender non-conforming)

H. Mental Health and Wellbeing

Kessler 6 (K6) Non-Specific Psychological Distress Score (Range is 0-24)

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
No or low psychological distress (0-4)	28.3	19.4	0.0	20.9
Moderate psychological distress (5-12)	54.3	56.0	43.9	54.7
Serious psychological distress (13-24)	17.4	24.5	56.1	24.5
Mean	7.99	9.14	13.83	9.10
Median	7.00	9.00	14.00	9.00
Std Dev	5.37	5.26	4.98	5.42

UCLA Loneliness Scale (ULS3) Score (Range is 3-9)

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
Negative for loneliness (3-5)	48.4	49.8	24.4	47.9
Positive for loneliness (6-9)	51.6	50.2	75.6	52.1
Mean	5.63	5.62	6.59	5.67
Median	6.00	6.00	6.00	6.00
Std Dev	2.07	1.98	1.80	2.01

Diener Flourishing Scale – Psychological Well-Being (PWB) Score (Range is 8-56)
(higher scores reflect a higher level of psychological well-being)

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Mean	42.24	44.92	37.93	43.71
Median	45.00	46.00	40.00	46.00
Std Dev	10.06	8.13	10.75	9.12

Cis Men n =	188
Cis Women n =	444
Trans/GNC n =	41

The Connor-Davison Resilience Scale (CD-RISC2) Score (Range is 0-8)
(higher scores reflect greater resilience)

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Mean	6.23	6.01	5.05	6.00
Median	6.00	6.00	5.00	6.00
Std Dev	1.65	1.55	1.79	1.62

Self injury

■ 12.1 % of college students surveyed (9.1 % cis men, 10.6 % cis women, and 41.5 % trans/gender non-conforming) indicated they had intentionally cut, burned, bruised, or otherwise injured themselves within the last 12 months.

41.5 % trans/gender non-conforming)

Within the last 12 months, have you had problems or challenges with any of the following:

	Percent (%)	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Academics		47.3	50.1	65.0	50.4
Career		36.4	37.7	42.5	37.6
Finances		53.2	53.2	68.3	54.3
Procrastination		76.3	76.5	95.0	77.6
Faculty		15.5	12.9	17.5	13.7
Family		32.8	46.5	57.5	43.7
Intimate relationships		39.0	33.6	56.1	36.5
Roommate/housemate		20.3	23.5	30.0	23.0
Peers		18.8	20.9	27.5	20.8
Personal appearance		47.1	62.8	72.5	58.9
Health of someone close to me		39.6	49.1	57.5	46.8
Death of a family member, friend, or someone close to me		27.3	29.4	29.3	29.0
Bullying		5.3	6.8	7.5	6.5
Cyberbullying		2.1	3.8	12.5	3.8
Hazing		0.5	1.4	2.5	1.2
Microaggression		17.1	13.1	39.0	16.1
Sexual Harassment		2.7	10.2	15.0	8.4
Discrimination		8.6	8.1	20.0	9.0

*Only students who reported a problem or challenge in the last 12 months were asked about level of distress.

Students reporting none of the above	5.9	5.9	2.4	5.7
Students reporting only one of the above	8.6	5.6	0.0	6.2
Students reporting 2 of the above	11.8	7.7	2.4	8.5
Students reporting 3 or more of the above	73.8	80.8	95.1	79.6

***Of those reporting this issue, it caused moderate or high distress**

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
	74.7	87.8	92.0	85.0
	71.6	82.5	56.3	78.2
	76.8	79.9	85.7	79.6
	58.2	69.2	75.7	66.7
	55.2	71.9	85.7	67.7
	54.1	76.7	77.3	72.2
	53.4	61.7	77.3	61.1
	45.9	61.2	66.7	57.8
	54.3	49.5	54.5	51.1
	42.5	60.7	48.3	55.8
	59.5	65.4	52.2	62.8
	82.0	73.1	83.3	76.0
	60.0	53.3	66.7	56.8
	50.0	58.8	80.0	61.5
	0.0	50.0	0.0	37.5
	19.4	48.3	62.5	41.7
	20.0	68.9	50.0	63.2
	31.3	61.1	75.0	55.7

Suicide Behavior Questionnaire-Revised (SBQR) Screening Score (Range is 3-18)

Cis Men n =	188
Cis Women n =	444
Trans/GNC n =	41

<i>Percent (%)</i>	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Negative suicidal screening (3-6)	65.1	71.0	41.5	67.4
Positive suicidal screening (7-18)	34.9	29.0	58.5	32.6
Mean	5.91	5.53	8.83	5.84
Median	5.00	4.00	9.00	4.00
Std Dev	3.39	3.29	4.29	3.46

Suicide attempt

- 3.6 % of college students surveyed (2.1 % cis men, 3.2 % cis women, and 12.2 % trans/gender non-conforming) indicated they had attempted suicide within the last 12 months.

Within the last 30 days, how would you rate the overall level of stress experienced:

<i>Percent (%)</i>	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
No stress	2.7	1.1	0.0	1.5
Low	26.3	15.1	7.3	17.8
Moderate	43.5	45.7	43.9	45.0
High	27.4	38.1	48.8	35.7

I. Acute Conditions

College students reported being diagnosed by a healthcare professional within the last 12 months with:

<i>Percent (%)</i>	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Bronchitis	1.6	6.5	2.6	4.9
Chlamydia	1.6	3.4	0.0	2.7
Chicken Pox (Varicella)	0.0	0.9	0.0	0.6
Cold/virus or other respiratory illness (for example: sinus infection, ear infection, strep throat, tonsillitis, pharyngitis, or laryngitis)	28.1	44.8	45.0	40.2
Concussion	1.1	3.6	2.4	2.8
Gonorrhea	1.1	0.7	0.0	0.7
Flu (influenza) or flu-like illness	10.4	7.7	10.3	8.5
Mumps	0.0	0.5	0.0	0.3
Mononucleosis (mono)	0.5	1.6	0.0	1.2
Orthopedic injury (for example: broken bone, fracture, sprain, bursitis, tendinitis, or ligament injury)	7.5	10.8	14.6	10.2
Pelvic Inflammatory Disease	0.0	0.5	0.0	0.3
Pneumonia	0.5	1.6	0.0	1.3
Shingles	0.0	1.1	0.0	0.7
Stomach or GI virus or bug, food poisoning or gastritis	8.6	11.8	20.0	11.5
Urinary tract infection	1.1	14.3	15.0	10.5

Cis Men n =	188
Cis Women n =	444
Trans/GNC n =	41

J. Ongoing or Chronic Conditions

The questions for the *ongoing or chronic conditions* are presented differently in this report than the order they appear in the survey. In the survey, all items appear in a single list, ordered alphabetically. In this report, the conditions are presented in groups to ease burden on the reader. The findings are divided into mental health conditions, STIs and other chronic infections, and other ongoing or chronic conditions in this report.

Mental Health	College students reported ever being diagnosed with the following:				*Of those ever diagnosed, those reporting contact with healthcare or MH professional within last 12 months				
	Percent (%)	Cis Men	Cis Women	Trans/ Gender Non-conforming	Total	Cis Men	Cis Women	Trans/ Gender Non-conforming	Total
ADD/ADHD - Attention Deficit/Hyperactivity Disorder		10.8	12.5	20.0	12.6	40.0	70.4	75.0	64.3
Alcohol or Other Drug-Related Abuse or Addiction		1.1	1.1	5.1	1.3	50.0	0.0	50.0	22.2
Anxiety (for example: Generalized Anxiety, Social Anxiety, Panic Disorder, Specific Phobia)		23.1	41.7	68.3	38.1	53.5	71.6	85.7	70.3
Autism Spectrum		5.4	1.8	7.5	3.1	50.0	57.1	33.3	50.0
Bipolar and Related Conditions (for example: Bipolar I, II, Hypomanic Episode)		3.8	5.5	23.1	6.2	57.1	83.3	100.0	82.9
Borderline Personality Disorder (BPD), Avoidant Personality, Dependent Personality, or another personality disorder		0.0	0.9	10.0	1.2	0.0	75.0	100.0	87.5
Depression (for example: Major depression, persistent depressive disorder, disruptive mood disorder)		22.2	32.0	70.7	31.5	46.3	71.6	86.2	69.0
Eating Disorders (for example: Anorexia Nervosa, Bulimia Nervosa, Binge-Eating)		0.0	8.4	15.0	6.4	0.0	41.7	100.0	50.0
Gambling Disorder		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Insomnia		8.6	9.5	17.5	9.6	37.5	61.9	66.7	56.3
Obsessive-Compulsive and Related Conditions (for example: OCD, Body Dysmorphia, Hoarding, Trichotillomania and other body-focused repetitive behavior disorders)		3.8	5.9	17.5	6.1	71.4	60.0	100.0	70.0
PTSD (Posttraumatic Stress Disorder), Acute Stress Disorder, Adjustment Disorder, or another trauma- or stressor- related condition		3.8	8.9	26.8	8.4	57.1	48.7	90.9	57.9
Schizophrenia and Other Psychotic Conditions (for example: Schizophrenia, Schizoaffective Disorder, Schizophreniform Disorder, Delusional Disorder)		0.5	0.5	0.0	0.4	100.0	0.0	0.0	33.3
Tourette's or other neurodevelopmental condition not already listed		1.1	0.0	5.0	0.6	100.0	0.0	100.0	100.0
Traumatic brain injury (TBI)		0.5	1.6	5.1	1.5	100.0	57.1	50.0	60.0

*Only students who reported ever being diagnosed were asked about contact with a healthcare or mental health professional within the last 12 months.

	Cis Men	Cis Women	Trans/ Gender Non-conforming	Total
<i>Students reporting none of the above</i>	61.3	49.2	22.0	51.0
<i>Students reporting only one of the above</i>	14.0	12.9	9.8	13.0
<i>Students reporting both Depression and Anxiety</i>	17.7	28.1	63.4	27.3
<i>Students reporting any two or more of the above (excluding the combination of Depression and Anxiety)</i>	7.0	9.8	4.9	8.7

Cis Men n =	188
Cis Women n =	444
Trans/GNC n =	41

College students reported ever being diagnosed with the following:

STI's/Other chronic infections

Percent (%)	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Genital herpes	0.5	1.4	0.0	1.1
Hepatitis B or C	0.0	0.0	0.0	0.0
HIV or AIDS	0.0	0.0	0.0	0.0
Human papillomavirus (HPV) or genital warts	0.0	3.0	5.0	2.2

**Only students who reported ever being diagnosed were asked about contact with a healthcare or mental health professional within the last 12 months.*

***Of those ever diagnosed, had contact with healthcare or MH professional within last 12 months**

Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
0.0	50.0	0.0	42.9
0.0	0.0	0.0	0.0
0.0	0.0	0.0	0.0
0.0	46.2	0.0	40.0

College students reported ever being diagnosed with the following:

Other Chronic/Ongoing Medical Conditions

Percent (%)	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
Acne	20.4	27.0	22.5	25.0
Allergies - food allergy	12.0	14.8	25.0	14.7
Allergies - animals/pets	11.9	18.3	25.0	17.0
Allergies - environmental (for example: pollen, grass, dust, mold)	28.6	34.2	41.0	33.0
Asthma	17.7	16.6	32.5	18.0
Cancer	0.5	1.8	0.0	1.3
Celiac disease	0.0	0.2	4.9	0.4
Chronic pain (for example: back or joint pain, arthritis, nerve pain)	8.6	9.8	15.0	9.8
Diabetes or pre-diabetes/insulin resistance	3.8	4.5	5.0	4.3
Endometriosis	0.0	5.7	2.5	3.9
Gastroesophageal Reflux Disease (GERD) or acid reflux	5.9	9.1	15.0	8.4
Heart & vascular disorders (for example: atrial fibrillation or other cardiac arrhythmia, mitral valve prolapse or other valvular heart disease, congenital heart condition)	3.2	3.6	0.0	3.3
High blood pressure (hypertension)	2.7	7.3	5.0	5.8
High cholesterol (hyperlipidemia)	1.1	4.6	2.5	3.4
Irritable bowel syndrome (spastic colon or spastic bowel)	5.9	7.7	19.5	8.0
Migraine headaches	11.8	18.3	20.0	16.4
Polycystic Ovarian Syndrome (PCOS)	0.0	6.1	2.6	4.2
Sleep Apnea	7.0	4.3	2.5	5.1
Thyroid condition or disorder	1.1	6.9	0.0	4.9
Urinary system disorder (for example: bladder or kidney disease, urinary reflux, interstitial cystitis)	0.5	2.7	2.6	2.1

**Only students who reported ever being diagnosed were asked about contact with a healthcare or mental health professional within the last 12 months.*

***Of those ever diagnosed, had contact with healthcare or MH professional within last 12 months**

Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
18.4	33.9	44.4	30.5
36.4	26.6	20.0	28.9
27.3	31.3	10.0	28.3
19.2	31.5	31.3	28.3
30.3	47.9	15.4	39.5
100.0	25.0	0.0	33.3
0.0	100.0	50.0	66.7
56.3	74.4	83.3	69.7
71.4	75.0	50.0	72.4
0.0	64.0	100.0	65.4
10.0	60.0	66.7	51.8
33.3	56.3	0.0	50.0
80.0	80.6	100.0	81.6
100.0	70.0	100.0	73.9
36.4	61.8	50.0	53.7
33.3	41.3	62.5	41.3
0.0	66.7	100.0	67.9
38.5	73.7	0.0	55.9
0.0	80.0	0.0	78.1
100.0	58.3	0.0	57.1

Cis Men n =	188
Cis Women n =	444
Trans/GNC n =	41

Students who reported being diagnosed with diabetes or pre-diabetes/insulin resistance, indicated they had:

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
Type I Diabetes	16.7	0.0	100.0	11.1
Type II Diabetes	33.3	36.8	0.0	34.6
Pre-diabetes or insulin resistance	57.1	75.0	0.0	67.9
Gestational Diabetes	0.0	5.3	0.0	3.8

K. Sleep

Reported amount of time to usually fall asleep at night (sleep onset latency):

	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
Less than 15 minutes	44.4	38.1	29.3	39.4
16 to 30 minutes	26.7	29.3	14.6	27.8
31 minutes or more	28.9	32.7	56.1	32.9

Over the last 2 weeks, students reported the following average amount of sleep (excluding naps):

On weeknights				
	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
Less than 7 hours	50.3	48.9	63.4	50.2
7 to 9 hours	48.1	49.1	36.6	48.0
10 or more hours	1.6	2.0	0.0	1.8

On weekend nights			
Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
24.6	28.4	39.0	27.8
67.9	64.9	58.5	65.5
7.5	6.8	2.4	6.8

Students reported the following on 3 or more of the last 7 days:

Felt tired or sleepy during the day				
	Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
<i>Percent (%)</i>				
0 days	5.3	2.9	0.0	3.4
1-2 days	24.1	16.9	14.6	18.6
3-5 days	43.9	37.2	24.4	38.2
6-7 days	26.7	43.0	61.0	39.8

Got enough sleep so that they felt rested			
Cis Men	Cis Women	Trans/ Gender Non- conforming	Total
18.3	24.6	29.3	23.1
40.9	40.0	43.9	40.4
29.6	28.4	17.1	28.1
11.3	7.0	9.8	8.4

Demographics and Sample Characteristics

■ Age		■ Students describe themselves as	
18 - 20 years:	39.5 %	Straight/Heterosexual:	70.3 %
21 - 24 years:	31.4 %	Asexual:	1.9 %
25 - 29 years:	11.5 %	Bisexual:	13.2 %
30+ years:	17.7 %	Gay:	3.1 %
Mean age:	24.8 years	Lesbian:	2.2 %
Median age:	21.0 years	Pansexual:	3.1 %
		Queer:	2.2 %
		Questioning:	3.2 %
		Identity not listed above:	0.7 %
■ Gender*			
Cis Women:	64.3 %		
Cis Men:	27.2 %		
Transgender/Gender Non-conforming:	5.9 %		
<i>* See note on page 2 regarding gender categories</i>			
■ Student status		■ Housing	
1st year undergraduate:	19.8 %	Campus or university housing:	16.8 %
2nd year undergraduate:	13.2 %	Fraternity or sorority residence:	1.3 %
3rd year undergraduate:	22.9 %	Parent/guardian/other family:	28.8 %
4th year undergraduate:	16.7 %	Off-campus:	51.5 %
5th year or more undergraduate:	8.2 %	Temporary or "couch surfing":	0.1 %
Master's (MA, MS, MFA, MBA, etc.):	14.5 %	Don't have a place to live:	0.0 %
Doctorate (PhD, EdD, MD, JD, etc.):	3.1 %	Other:	1.5 %
Not seeking a degree:	0.9 %		
Other:	0.6 %		
		■ Students describe themselves as	
Full-time student:	83.3 %	American Indian or Native Alaskan	1.6 %
Part-time student:	15.9 %	Asian or Asian American	7.1 %
Other student:	0.9 %	Black or African American	10.7 %
		Hispanic or Latino/a/x	6.7 %
		Middle Eastern/North African (MENA) or Arab Origin:	2.9 %
		Native Hawaiian or Other Pacific Islander Native:	0.6 %
		White:	73.8 %
		Biracial or Multiracial:	4.2 %
		Identity not listed above:	0.6 %
■ Visa to work or study in the US:		<i>If Hispanic or Latino/a/x, are you</i>	
	6.9 %	Mexican, Mexican American, Chicano:	50.0 %
■ Relationship status		Puerto Rican:	15.2 %
Not in a relationship:	44.8 %	Cuban:	4.3 %
In a relationship but not married/partnered:	39.9 %	Another Hispanic, Latino/a/x, or Spanish Origin:	37.0 %
Married/partnered:	15.3 %		
■ Primary Source of Health Insurance		<i>If Asian or Asian American, are you</i>	
College/university sponsored SHIP plan:	2.8 %	East Asian:	34.7 %
Parent or guardian's plan:	58.9 %	Southeast Asian:	36.7 %
Employer (mine or my spouse/partners):	16.1 %	South Asian:	24.5 %
Medicaid, Medicare, SCHIP, or VA:	7.7 %	Other Asian:	4.1 %
Bought a plan on my own:	5.0 %		
Don't have health insurance:	6.8 %		
Don't know if I have health insurance:	0.9 %		
Have insurance, but don't know source:	1.9 %		
■ Student Veteran:			
	3.4 %		
■ Parent or primary responsibility for someone else's child/children under 18 years old:			
	9.4 %		

■ **First generation students** 45.7 %
 (Proportion of students for whom no parent/guardian have completed a bachelor's degree)

■ **Do you have any of the following?**
 Attention Deficit/Hyperactivity Disorder (ADD or ADHD): 15.2 %
 Autism Spectrum Disorder: 4.1 %
 Deaf/Hearing loss: 3.6 %
 Learning disability: 2.8 %
 Mobility/Dexterity disability: 0.9 %
 Blind/low vision: 4.3 %
 Speech or language disorder: 0.9 %

■ **Participated in organized college athletics:**
 Varsity: 1.2 %
 Club sports: 3.1 %
 Intramurals: 3.4 %

■ **Member of a social fraternity or sorority:**
 Greek member: 8.5 %

Appendix B: Drugs and Alcohol Don't Work at MTSU

Drugs and Alcohol Don't Work at MTSU

Middle Tennessee State University prohibits the possession, use, or distribution of illegal drugs and alcohol on the campus proper or on institutionally-owned, leased, or otherwise controlled property.

Various federal and state statutes make it unlawful to manufacture, distribute, dispense, deliver or sell, or possess with intent to manufacture, distribute, dispense, deliver, or sell controlled substances. The penalty imposed depends upon many factors which include the type and amount of controlled substance involved, the number of prior offenses, if any, and whether any other crimes were committed in connection with the use of the controlled substance. Possible sanctions include incarceration up to and including life imprisonment and imposition of substantial monetary fines.

Tennessee statutes provide that it is unlawful for any person under the age of twenty-one (21) to buy, possess, transport (unless in the course of his or her employment), or consume alcoholic beverages, wine, or beer. Any violation of this law results in an offense classified a Class A misdemeanor punishable by imprisonment for not more than 11 months, 29 days, or by a fine of not more than \$2,500, or both. The receipt, possession, or transportation of alcoholic beverages without the required revenue stamp is also a misdemeanor punishable by imprisonment of not more than thirty (30) days or a fine of not more than \$50, or both.

The use of alcohol can lead to serious health risk:

- loss of muscle control, poor coordination, slurred speech
- fatigue, nausea, headache
- increased likelihood of accidents
- impaired judgment
- possible respiratory paralysis and death
- birth defects/fetal impairment

Heavy drinking can lead to:

- alcoholism
- damage to brain cells
- increased risk of cirrhosis, ulcers, heart disease, heart attack, and cancers of liver, mouth, throat, and stomach
- hallucinations
- personality disorders

Health risks associated with the use of illegal drugs include:

- increased susceptibility to disease due to a less efficient immune system
- increased likelihood of accidents
- personality disorders
- addiction
- death by overdose

- anemia
- poor concentration
- fetal impairment/addiction

Additional information about how the use of drugs and/or alcohol affects your health is available through the Health Promotion office of Student Health Services located in the Health, Wellness, and Recreation Center.

MTSU regular employees with full benefits have available to them the statewide Employee Assistance Program which provides confidential assistance for assessment and short-term counseling. Up to six visits are provided free of charge. Additionally, treatment for chemical dependencies on both an in-patient and out-patient basis are generally covered expenses under the state group health insurance plan. Please refer to your health insurance brochures for specific coverages and limitations. Referral to community treatment facilities may be made by the MTSU Human Resource Services Office if assistance is desired.

Middle Tennessee State University will impose sanctions against individuals who have violated rules prohibiting the use, possession, or distribution of illegal drugs or alcohol.

Sanctions for students using or possessing illegal drugs or alcohol include disciplinary probation, and in appropriate cases, suspension from the University. In addition, residence hall students will be removed from the housing system. Referral for criminal prosecution may be made in all appropriate cases. Individuals involved in the sale or distribution of illegal drugs or alcohol will be suspended from the University and referred to the appropriate authorities for criminal prosecution.

All employees, including student employees, agree as a condition of employment to abide by this policy. Sanctions against employees for use or possession of illegal drugs or alcohol in the workplace include termination of employment by means of the termination procedures available by contract and/or in policy. Additionally, employees are required to notify the institution of any drug convictions no later than five days after the conviction

In compliance with the Drug-Free Schools and Communities Act and the Drug-Free Workplace Act of 1988, MTSU provides this information as a service to the campus community.

Available at: https://www.mtsu.edu/hrs/benefits/drugs_and_alcohol_brochure.php (last visited: September 25, 2024)

Appendix C: Higher Education Opportunity Act Notifications

Higher Education Opportunity Act Notifications

Higher Education Opportunity Act Notification #1

Even though the Department of Education (ED) has rescinded the student eligibility requirement that indicates federal aid is suspended if a student received a drug conviction that occurred while enrolled and receiving aid, this question is still being required on the 2021-2022 FAFSA application. If you answer 'Yes' to Question 23 on the FAFSA, ED is notifying students that they are not eligible for federal aid. However, if you receive the following information, the MTSU Financial Aid Office will waive this requirement and this rule will no longer prevent you from receiving Title IV aid. This notice is also to inform any students who have not applied for federal aid because of the following information that they are eligible to apply.

Any student who is convicted of any offense under any Federal or State law involving the possession or sale of a controlled substance while enrolled in an institution of higher education and receiving any federal financial aid (such as a grant, loan or work assistance) may lose his/her eligibility for such federal assistance.

The following information is located on the MTSU website at <http://mtsu.edu/financial-aid/policies.php>:

Drug Convictions

Students convicted of a federal or state offense of selling or possessing illegal drugs may not be eligible for federal student aid (grants, loans, and work-study). Students who answer "Yes" to question 23 on the FAFSA will be required to answer additional questions on the FAFSA to determine if the conviction affects eligibility for aid. Also, if the Financial Aid Office is notified that a student has been convicted of possession or sale of illegal drugs during the academic year, all federal student aid will be suspended immediately.

Convictions only count if they were for an offense that occurred during a period of enrollment for which the student was receiving federal student aid. Also, a conviction that was reversed, set aside, or removed from the student’s record does not count.

The chart below illustrates the period of ineligibility for federal student aid funds, depending on whether the conviction was for sale or possession and whether the student had previous offenses. (A conviction for sale of drugs includes convictions for conspiring to sell drugs.)

	Possession of illegal drugs	Sale of illegal drugs
1st offense	1 year from date of conviction	2 years from date of conviction
2nd offense	2 years from date of conviction	Indefinite period
3+ offenses	Indefinite period	

Students regain eligibility the day after the period of ineligibility ends or when they successfully complete a qualified drug rehabilitation program. Further drug convictions will make them ineligible again. Students denied eligibility for an indefinite period can regain it only after successfully completing a rehabilitation program or if a conviction is reversed, set aside, or removed for the student’s record so that fewer than two convictions for sale or three convictions for possession remain on the record. In such cases, the nature and dates of the remaining convictions will determine when the student regains eligibility.

It is the student’s responsibility to certify to the Financial Aid Office the date of the conviction and if (s)he has completed a drug rehabilitation program.

Higher Education Opportunity Act Notification #2

Information concerning drug and alcohol use and abuse; legal sanctions; health risks; available resources; disciplinary sanctions for violations may be found at:

<http://www.mtsu.edu/student-conduct/drug.php>

Contact information:

Mr. Rick Chapman, Director, Student Health Services

(615)898-2988, richard.chapman@mtsu.edu

Higher Education Opportunity Act Notification #3

Middle Tennessee State University (MTSU) is committed to ensuring equity in education and eliminating the campus of any and all acts of sex discrimination, which includes sexual harassment and misconduct, as prohibited by Title IX. Title IX of the Education Amendments of 1972 was the first comprehensive federal law to prohibit sex discrimination against students and employees of educational institutions. Examples of prohibited conduct include: sexual harassment, dating violence, domestic violence, sexual assault, and stalking.

MTSU's Policy 29 on sexual misconduct covers certain individuals at locations in the United States where MTSU has substantial control; it defines *sexual harassment* as conduct on the basis of sex that satisfies one or more of the following: 1) an employee conditioning the provision of an aid, benefit, or service of MTSU on an individual's participation in unwelcome sexual conduct; 2) unwelcome conduct determined by a reasonable person to be so severe, pervasive, and objectively offensive that it effectively denies a person equal access to MTSU's education program or activity; or 3) any of the following offenses:

Sexual assault is an offense classified as a forcible or non-forcible sex offense under the uniform crime reporting system of the Federal Bureau of Investigation.

Forcible Sex Offenses are: any sexual act directed against the complainant, without their consent, including instances where the complainant is incapable of giving consent. Forcible sex offenses include: *rape* (excluding statutory rape); *Sodomy*, which is oral or anal sexual intercourse with the complainant, without the consent of the complainant; *Sexual Assault with an object* or instrument to unlawfully penetrate, however slightly, the genital or anal opening of the body of the complainant, without their consent; and *Fondling*, which is touching the private body parts of the complainant for the purpose of sexual gratification, without the consent of the complainant. *Non-forcible sex offenses* include: *Incest*, which is the non-forcible sexual intercourse between persons who are related to each other within the degrees wherein marriage is prohibited by law; and *Statutory Rape*, non-forcible sexual intercourse with a person who is under the statutory age of consent.

Dating Violence is violence committed by a person: 1) who is, or has been, in a social relationship of a romantic or intimate nature with the Complainant; and 2) where the existence of such a relationship shall be determined based on a consideration of the following factors: a) the length of the relationship, b) the type of relationship, c) the frequency of interaction between the persons involved in the relationship.

Domestic Violence is violence committed by a current or former spouse or intimate partner of the complainant, by a person with whom the complainant shares a child in common, by a person who is cohabitating with, or has cohabitated with as a spouse or intimate partner, by a person similarly situated to a spouse of the complainant under the laws of the State of Tennessee, or by any other person against an adult or youth complainant who is protected from that person's acts under the domestic or family violence laws of the State of Tennessee.

Stalking is engaging in a course of conduct directed at a specific person that would cause a reasonable person to: a) fear for his/her safety or the safety of others; or b) suffer substantial emotional distress.

Policy 27 addresses incidents related to sex or gender that are not covered by Policy 29. Disciplinary procedures and potential consequences for violating the institution's policies on sexual misconduct include possible suspension or expulsion of students found in violation. A copy of the MTSU's disciplinary procedures and policies may be found online at: <http://www.mtsu.edu/student-conduct/>. Additional information about MTSU's sexual violence policy and resources may be found online at: <http://www.mtsu.edu/sexual-violence/>

Students are encouraged to report incidents of sexual assault or harassment to the appropriate campus official or law enforcement officer. On the MTSU campus, Christy Sigler serves as a point of contact for any student who wishes to discuss a concern, including confidential reporting. Ms. Sigler can be found in the Cope Administration Building, room 116, by phone, 615.898.2185, or email christy.sigler@mtsu.edu. A summary of reported complaints of sexual misconduct may be found online at: <https://www.mtsu.edu/iec/docs/TitleIXSummaryReport.pdf>

Students who desire assistance, including treatment for injuries, preventative treatment for sexually transmitted diseases, a rape kit, a sexual assault nurse examiner, or victim's advocate have the following local resources available to them:

On Campus

MTSU Counseling Services

Keathley University Center, Room 326-S
898-2988
615-898-2670

MTSU Student Health Services

Health, Wellness, and Recreation Center 615-

MTSU June Anderson Center for Women University Police

and Non-Traditional Students

or non-emergency from campus phone or cell phone)

Student Union Building, Room 330
911
615-898-5812

615-898-2424 (emergency from a cell phone

Emergency (from a campus phone):

Title IX Coordinator

Cope Administration Building, Room 116

615.898.2185

In Murfreesboro/Rutherford County

**Domestic Violence and Sexual Assault Program
Hospital (SART Program)**

1423 Kensington Square Court
24-hour crisis line: 615-494-9262

St. Thomas Rutherford

1700 Medical Center Parkway
615-396-4100

Murfreesboro Police

1004 North Highland Avenue
615-893-1311

Emergency: 911

Higher Education Opportunity Act Notification #5

TCA § 49-7-172 requires each state institution of higher education to provide the suicide prevention plan to students, faculty, and staff at least one (1) time each semester. The MTSU Suicide Prevention Plan for students can be found here: <https://mtsu.edu/stuaff/> and the MTSU Suicide Prevention Plan for employees can be found here: https://mtsu.edu/hrs/relations/docs/Suicide_Prevention.pdf

Contact Information for students:

Dr. Mary Kaye Anderson, Director, Counseling Services

(615) 898-2670, marykaye.anderson@mtsu.edu

Contact information for employees:

Kathy Musselman, Assistant Vice President, Human Resource Services,

(615) 898-2929, Kathy.musselman@mtsu.edu

Appendix D: Residential Housing Rules

Residential Life & Housing Rules

Alcohol and Drugs

No alcoholic beverages, illegal drugs, or drug paraphernalia are permitted on the campus of Middle Tennessee State University. Empty alcohol containers (including but not limited to bottles, cans, and kegs) may not be used for display purposes in any residence hall room or apartment. Students found responsible for drug violations WILL be removed from the residence hall.

Prohibited Items

The following items are prohibited in residence hall rooms or single student apartments: personal air conditioners, ice boxes, unauthorized refrigerators, exterior aerials or antennas, heavy electrical appliances, personal stoves, extension cords, halogen lamps, candles, incense, firearms, explosives, fireworks, flammable fluids, slingshots, paint ball guns, "super soakers," dangerous chemical mixtures, pellet guns, B.B. guns, ammunition (which includes but is not limited to bullets, paint balls, pellets, and B.B.s) propelled missiles, alcoholic beverages, and illegal drugs or paraphernalia.

Smoking

Smoking is prohibited in all public areas, (lobbies, hallways, community baths, classrooms, etc.) residence hall rooms, and apartments. Students wishing to consume tobacco products must do so in the privacy of a personal vehicle. Tobacco products can only be stored in the private vehicle.

*These are selected excerpts related to alcohol, drugs, and smoking. The full list of rules is available at: <https://www.mtsu.edu/student-conduct/code/housing-policies.php> (last visited September 25, 2024).

Appendix E: Healthy Minds Study Data Report



The Healthy Minds Network

Middle Tennessee
State University

Winter 2024

REPORT OF DATA FROM THE
HEALTHY MINDS STUDY



HEALTHY MINDS STUDY TEAM

STUDY TEAM

Principal Investigators: Daniel Eisenberg, PhD, Sarah Ketchen Lipson, PhD, Justin Heinze, PhD, Sasha Zhou, PhD

Research Study Coordinators: Haley Henry, BA, Brenda Vyletel, MSE, Juliana Fucinari, MPH, Mac Murphy, MPH, MSW

REPORT TEAM

Juliana Fucinari, MPH, Erin Voichoski, MPH, Mac Murphy, MPH, MSW, Julia Bell, MPH

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INTRODUCTION

STUDY PURPOSE

The Healthy Minds Study provides a detailed picture of mental health and related issues in college student populations. Schools typically use their data for some combination of the following purposes: to identify needs and priorities; benchmark against peer institutions; evaluate programs and policies; plan for services and programs; and advocate for resources.

STUDY DESIGN

The Healthy Minds Study is designed to protect the privacy and confidentiality of participants. HMS is approved by Advarra IRB. To further protect respondent privacy, the study is covered by a Certificate of Confidentiality from the National Institutes of Health.

Sampling

Each participating school provides the HMS team with a randomly selected sample of currently enrolled students over the age of 18. Large schools typically provide a random sample of 4,000-12,000 students, while smaller schools typically provide a sample of all students. Schools with graduate students typically include both undergraduates and graduate students in the sample.

Data Collection

HMS is a web-based survey. Students are invited and reminded to participate in the survey via emails, which are timed to avoid, if at all possible, the first two weeks of the term, the last week of the term, and any major holidays. The data collection protocol begins with an email invitation, and non-responders are contacted up to three times by email reminders spaced by 2-10 days each. Reminders are only sent to those who have not yet completed the survey. Each communication contains a URL that students use to gain access to the survey.

Question Randomization

There are some questions in the HMS student survey that aren't fielded to all students, and are instead randomly fielded at the individual level. This serves as a way to shorten the survey without giving up data. Qualtrics generates a random decimal greater than 0 and less than 1 for each respondent, and the questions that have been selected for randomization are fielded in two sets: respondents for which the random number is greater than 0 and less than 0.5, and those which the random number is greater than or equal to 0.5 and less than 1. These randomized questions are generally not those we use in our reporting, but those that do appear in this report will be indicated.

ABOUT THIS REPORT

This data report provides descriptive statistics (percentages, mean values, etc.) using the responses from the administration of the Healthy Minds Student Survey at Middle Tennessee State University during the Winter 2024 Academic Semester.

Non-Response Weighting

This report utilizes Qualtrics' Cell-based Weighting, a single variable weighting scheme. In this report, we use overall distribution of sex of enrolled students as a target distribution for responses.

A potential concern in any survey study is that those who respond to the survey will not be fully representative of the population from which they are drawn. In the HMS, we can be confident that those who are invited to fill out the survey are representative of the full student population because these students are randomly selected from the full list of currently enrolled students, or the students invited are all of the school's eligible students. However, it is still possible that those who actually complete the survey are different in important ways from those who do not complete the survey. It is important to raise the question of whether the percentage of students who participated are different in important ways from those who did not participate.

We address this issue by constructing non-response weights. The non-response weights adjust specifically for the fact that female students have consistently higher response rates than male students in our survey (and in most other survey studies). We construct the weights by comparing the female-male composition of our respondent sample to the reported female-male ratio for the full student population at each institution (which is typically available from basic enrollment statistics). If the respondent sample has a smaller percentage of males and larger percentage of females, as compared to the composition of the full student population, then male students in our sample are assigned a higher non-response weight value than female students. This means that weighted estimates are representative of the female-male distribution in the full student population.

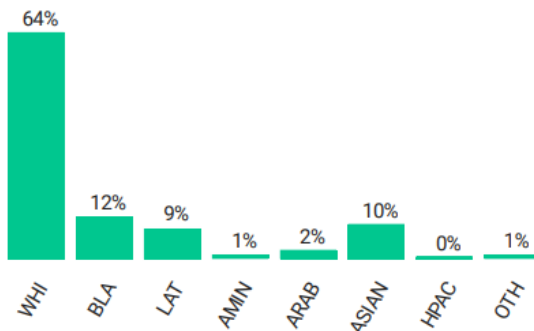
For students with nonbinary gender identities, we are not able to use this same process, however, because we are generally not able to obtain accurate statistics from administrative data on the representation of these groups in the full student population. Therefore, rather than making assumptions, we assign a weight value to students with nonbinary identifiers that leaves their representation in the weighted sample the same as in the unweighted sample. In the future, if and when more reliable information becomes available at the full student population level, we will be able to incorporate that information into sample weights for groups other than female and male gender identities.

SAMPLE CHARACTERISTICS (N=596)

Measures are calculated among all respondents unless otherwise indicated

RACE/ETHNICITY

593 Responses

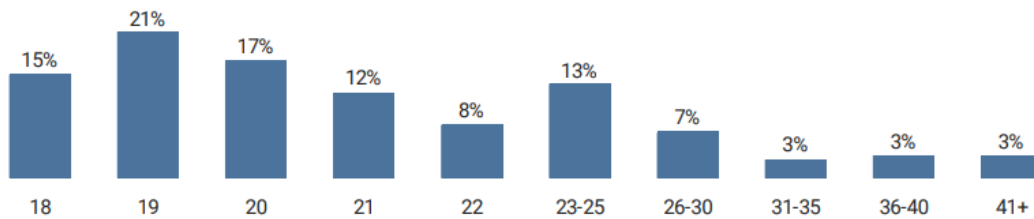


ABBREVIATIONS:

- WHI White or Caucasian
- BLA African American/Black
- LAT Hispanic/Latino
- AMIN American Indian/Alaskan Native
- ARAB Arab/Middle Eastern or Arab American
- ASIAN Asian/Asian American
- HPAC Native Hawai'ian / Pacific Islander
- OTH Other/Self-Identify

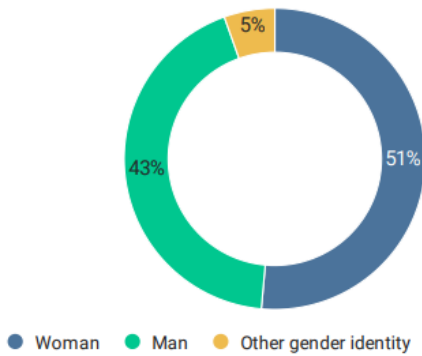
AGE

596 Responses



GENDER IDENTITY

596 Responses

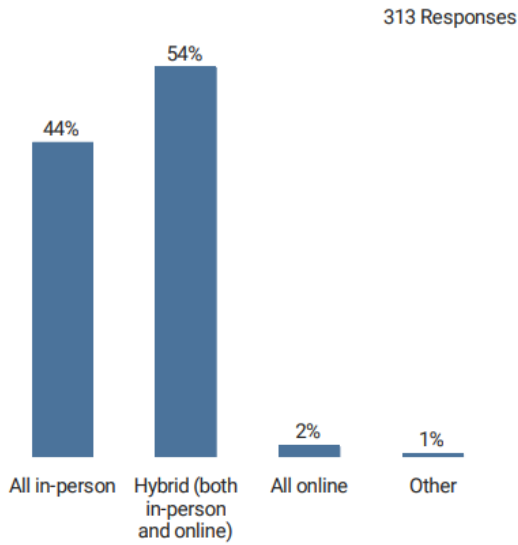


"OTHER GENDER IDENTITY" INCLUDES:

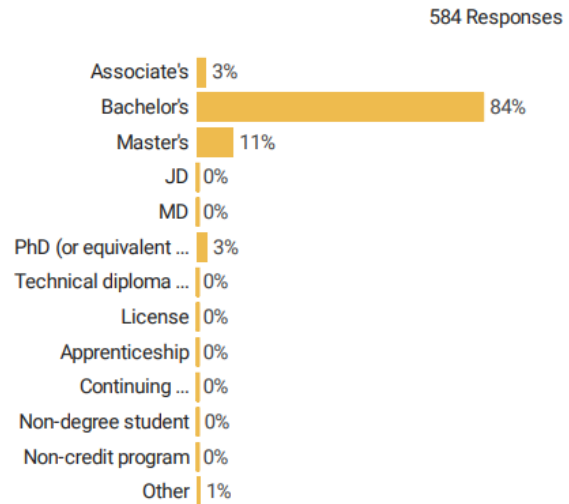
- Transgender women
- Transgender men
- Genderqueer/Gender nonconforming
- Gender non-binary
- Self-identified gender

SAMPLE CHARACTERISTICS, CONTD.

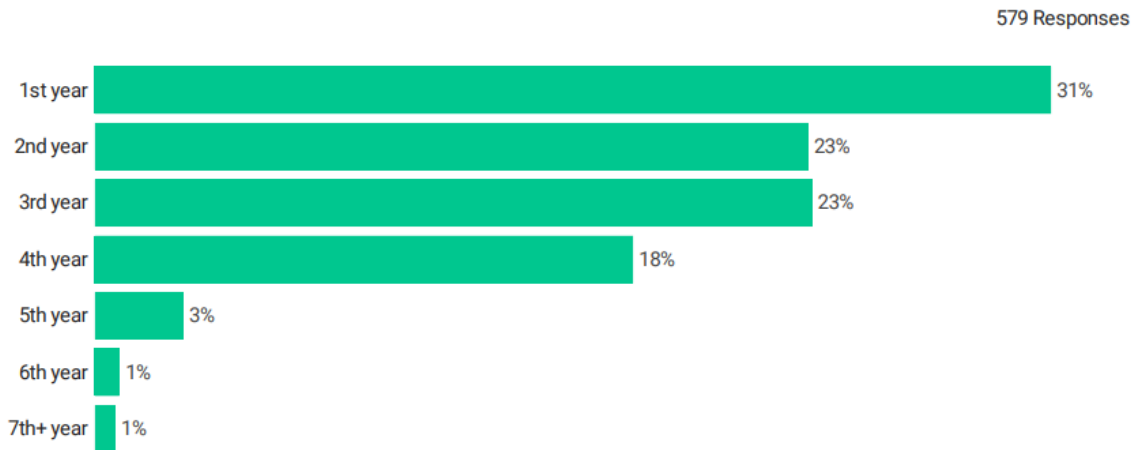
CLASS FORMAT



DEGREE PROGRAM



YEAR IN PROGRAM



SOCIOECONOMIC FACTORS

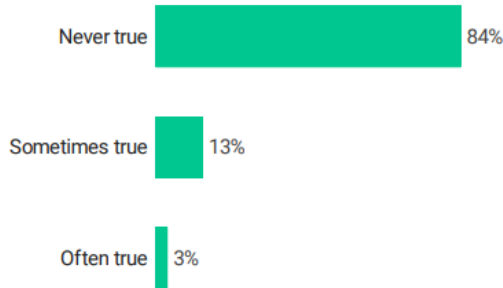
LIVING ARRANGEMENT

Field	Percentage
On-campus housing, residence hall	20%
On-campus housing, apartment	9%
Fraternity or sorority house	1%
On- or off-campus co-operative housing	2%
Off-campus, non-university housing	39%
Off campus, with my parents(s)/guardian(s) (or relatives)	28%
Other	2%
I am currently houseless / homeless	0%

HOUSING INSTABILITY

Within the past 12 months I was worried about not having stable housing.

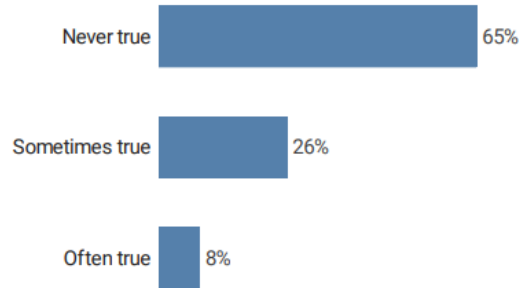
587 Responses



FOOD INSTABILITY

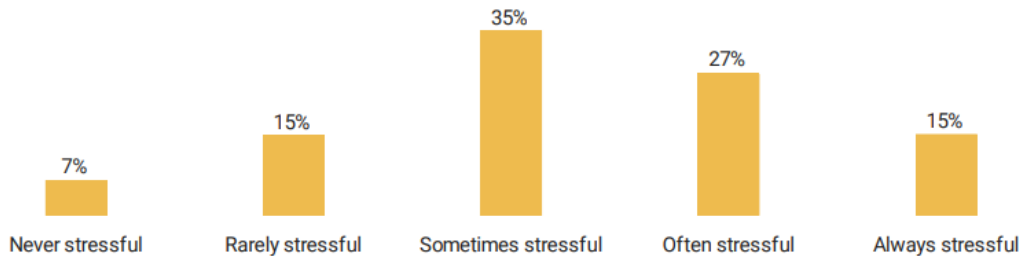
Within the past 12 months I was worried whether our food would run out before we got money to buy more.

587 Responses



How would you describe your financial situation right now?

590 Responses

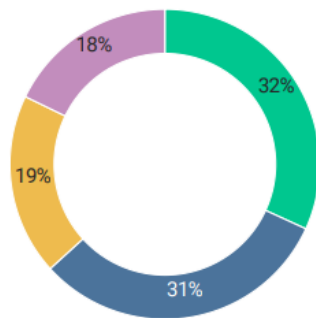
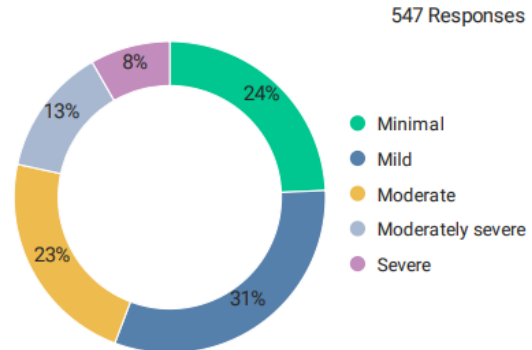


PREVALENCE OF MENTAL HEALTH PROBLEMS

DEPRESSION SCREEN

Depression is measured using the Patient Health Questionnaire-9 (PHQ-9), a nine-item instrument based on the symptoms provided in the Diagnostic and Statistical Manual for Mental Disorders for a major depressive episode in the past two weeks (Spitzer, Kroenke, & Williams, 1999).

Following the standard algorithm for interpreting the PHQ-9, symptom levels are categorized as severe (scores ≥ 20), moderately severe (scores 15-19), moderate (scores 10-14), mild (scores 5-9). There is no name for the category of scores from 0-4, so we use "minimal."



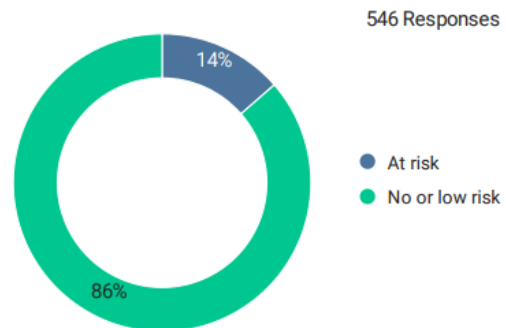
ANXIETY SCREEN

Anxiety is measured using the GAD-7, a seven-item screening tool for screening and severity measuring of generalized anxiety disorder in the past two weeks (Spitzer, Kroenke, Williams, & Lowe, 2006).

Following the standard algorithm for interpreting the GAD-7, symptom levels are categorized as severe (scores ≥ 15), moderate (scores 10-14), mild (scores 5-9), and minimal (scores 0-4).

RISK OF EATING DISORDER

Risk for eating disorders is measured using the U.S. version of the SCOFF, a five-item screening tool designed to identify subjects likely to have an eating disorder (Morgan, Reid, & Lacey, 1999). The SCOFF is not intended for use as a diagnostic tool; rather, answering "Yes" to 3 or more questions (the "At risk" category) indicates need for further investigation.

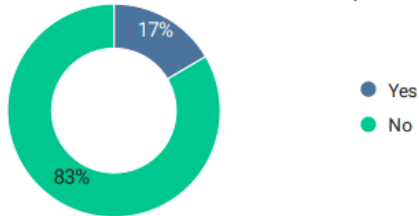


SUICIDALITY AND SELF-INJURIOUS BEHAVIOR

SUICIDAL IDEATION

In the past year, did you ever seriously think about attempting suicide?

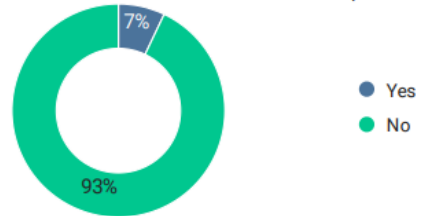
549 Responses



SUICIDE PLAN

In the past year, did you make a plan for attempting suicide?

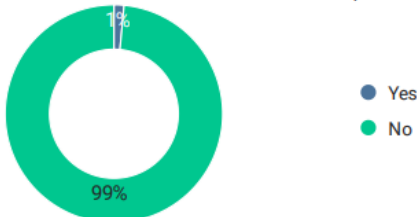
549 Responses



SUICIDE ATTEMPT

In the past year, did you attempt suicide?

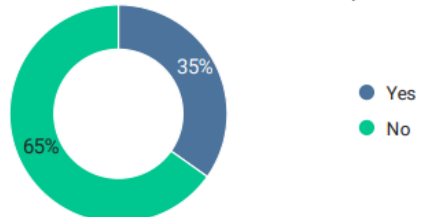
549 Responses



SELF-INJURIOUS BEHAVIOR

Non-suicidal self-injury (past year)

535 Responses



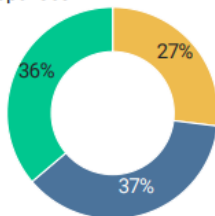
LONELINESS SCALE

Loneliness is measured using the UCLA three-item Loneliness Scale (Hughes, Waite, Hawley, & Cacioppo, 2004).

How often do you feel...

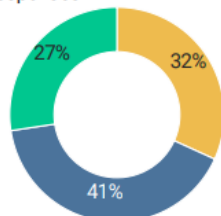
...that you lack companionship?

550 Responses



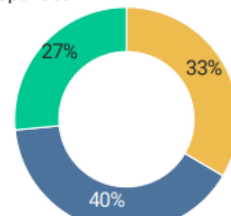
...left out?

550 Responses



...isolated from others?

550 Responses



● Often ● Some of the time
● Hardly ever

LIFETIME DIAGNOSIS OF MENTAL DISORDERS

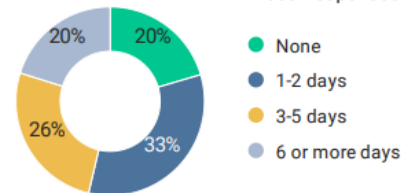
Have you ever been diagnosed with any of the following conditions by a health professional (e.g., primary care doctor, psychiatrist, psychologist, etc.)? (Select all that apply)

Mental Health Diagnosis	Percentage of Responses
Depression (e.g., major depressive disorder, persistent depressive disorder)	30%
Anxiety (e.g., generalized anxiety disorder, phobias)	34%
Eating disorder (e.g., anorexia nervosa, bulimia nervosa)	4%
Psychosis (e.g., schizophrenia, schizo-affective disorder)	1%
Personality disorder (e.g., antisocial personality disorder, paranoid personality disorder, schizoid personality disorder)	0%
Substance use disorder (e.g., alcohol abuse, abuse of other drugs)	2%
Bipolar (e.g., bipolar I or II, cyclothymia)	3%
Obsessive-compulsive or related disorders (e.g., obsessive-compulsive disorder, body dysmorphia)	7%
Trauma and Stressor related disorders (e.g., post-traumatic stress disorder)	11%
Neurodevelopmental disorder or intellectual disability (e.g., attention deficit disorder, attention deficit hyperactivity disorder, intellectual disability, autism spectrum disorder)	12%
Don't know	8%
No, none of these	48%

538 Responses

ACADEMIC IMPAIRMENT

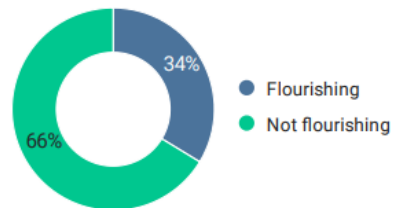
In the past 4 weeks, how many days have you felt that emotional or mental difficulties have hurt your academic performance?



563 Responses

POSITIVE MENTAL HEALTH

Positive mental health (psychological well-being) is measured using The Flourishing Scale, an eight-item summary measure of the respondent's self-perceived success in important areas such as relationships, self-esteem, purpose, and optimism (Diener, Wirtz, Tov, Kim-Prieto, Choi, Oishi, & Biswas-Diener, 2009). The score ranges from 8-56, and we are using 48 as the threshold for positive mental health.



547 Responses

HEALTH BEHAVIORS AND LIFESTYLE

DRUG USE

Over the past 30 days, have you used any of the following drugs? (Select all that apply)

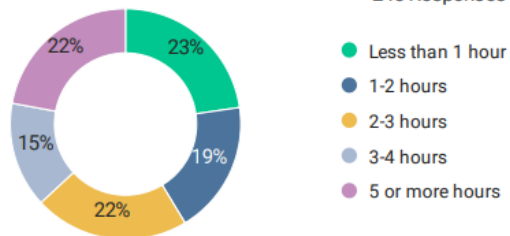
504 Responses

Substance	Percentage of Responses
Cannabis products that include THC (including smoking, vaping, and edibles)	23%
Cocaine (any form, including crack, powder, or freebase)	0%
Heroin	0%
Other stimulants (such as Ritalin, Adderall) without a prescription or more than prescribed	1%
MDMA (also known as Ecstasy or Molly)	0%
Opioid pain relievers (such as Vicodin, OxyContin, Percocet, Demerol, Dilaudid, codeine, hydrocodone, methadone, morphine) without a prescription or more than prescribed	0%
LSD (also known as acid)	0%
Kratom	0%
Athletic performance enhancers (anything that violates policies set by your school or any athletic governing body)	0%
Other drugs without a prescription	0%
No, none of these	76%
Benzodiazepines (such as Valium, Ativan, Klonopin, Xanax, Rohypnal/Roofies) without a prescription or more than prescribed	0%
Methamphetamines (also known as speed, crystal meth, Tina T, or ice)	0%
Ketamine (also known as K, or Special K)	0%
Psilocybin (also known as magic mushrooms, boomers, or shrooms)	1%

EXERCISE*

In the past 30 days, about how many hours per week on average did you spend exercising?

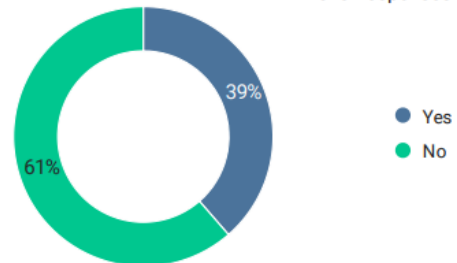
245 Responses



ALCOHOL USE

Over the past 2 weeks, did you drink any alcohol?

548 Responses



*randomly fielded

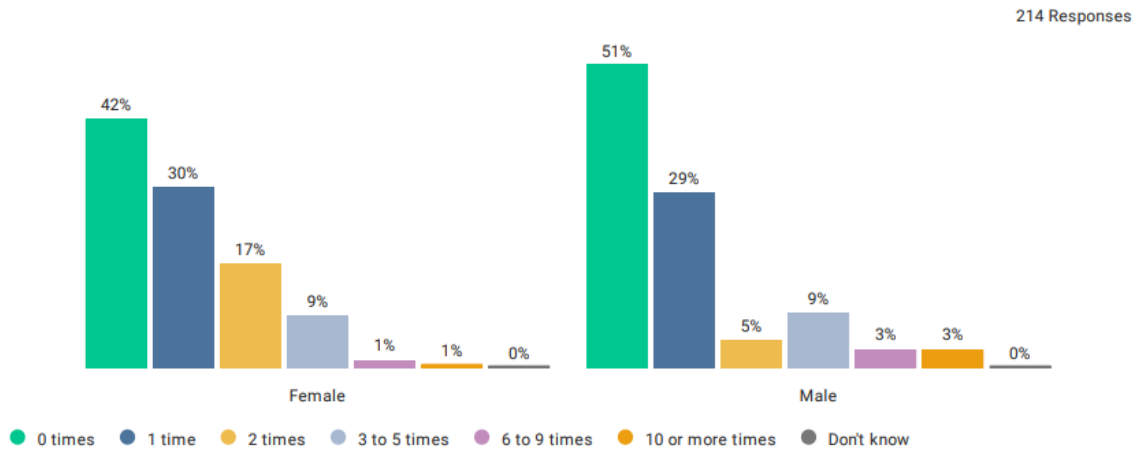
BINGE DRINKING BEHAVIOR*

The following question asks about how much you drink. A "drink" means any of the following:

- A 12-ounce can or bottle of beer
- A 4-ounce glass of wine
- A shot of liquor straight or in a mixed drink

During the last two weeks, how many times have you had 4 (if female), 5 (if male) or more drinks in a row?

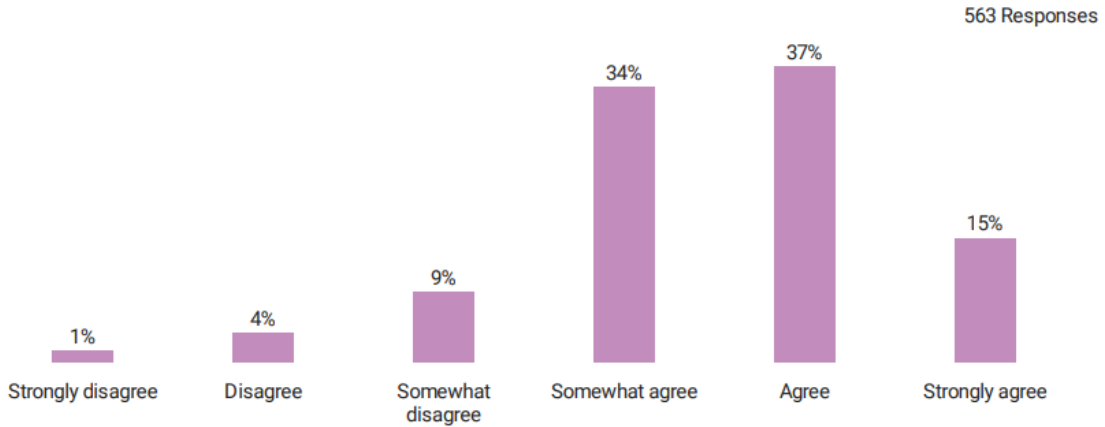
*Among students who indicated having consumed any alcohol within the past 2 weeks



CAMPUS CLIMATE

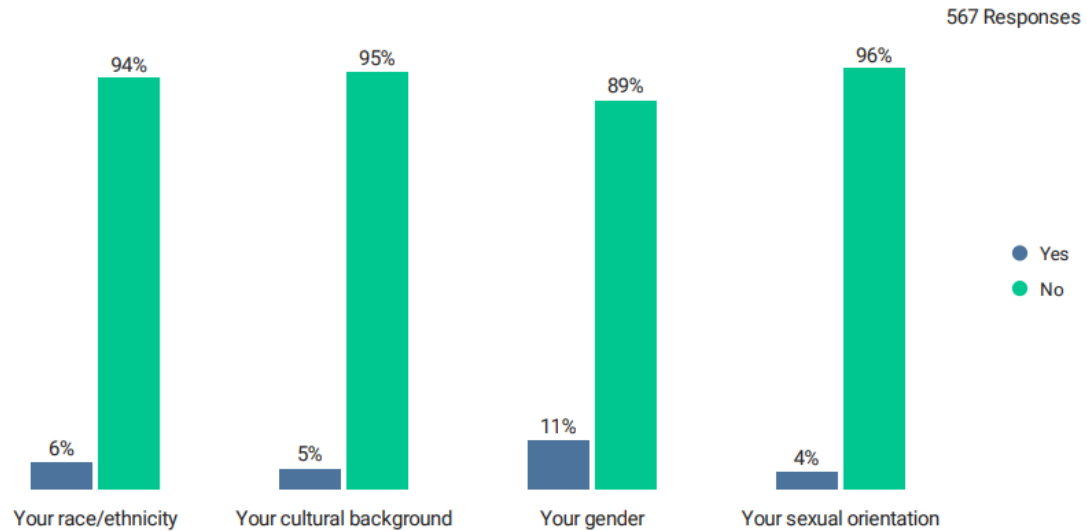
ANTI-RACISM

How much do you agree with the following statement? I believe my school actively works towards combating racism within the campus community.



DISCRIMINATION

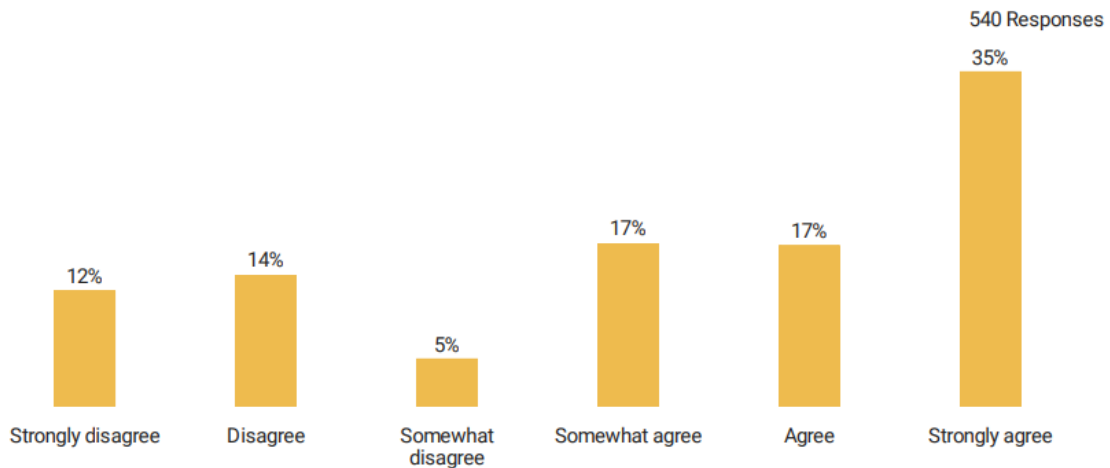
In the past 12 months, have you been treated unfairly at your school because of any of the following?



ATTITUDES AND BELIEFS ABOUT MENTAL HEALTH SERVICES

PERCEIVED NEED (PAST YEAR)

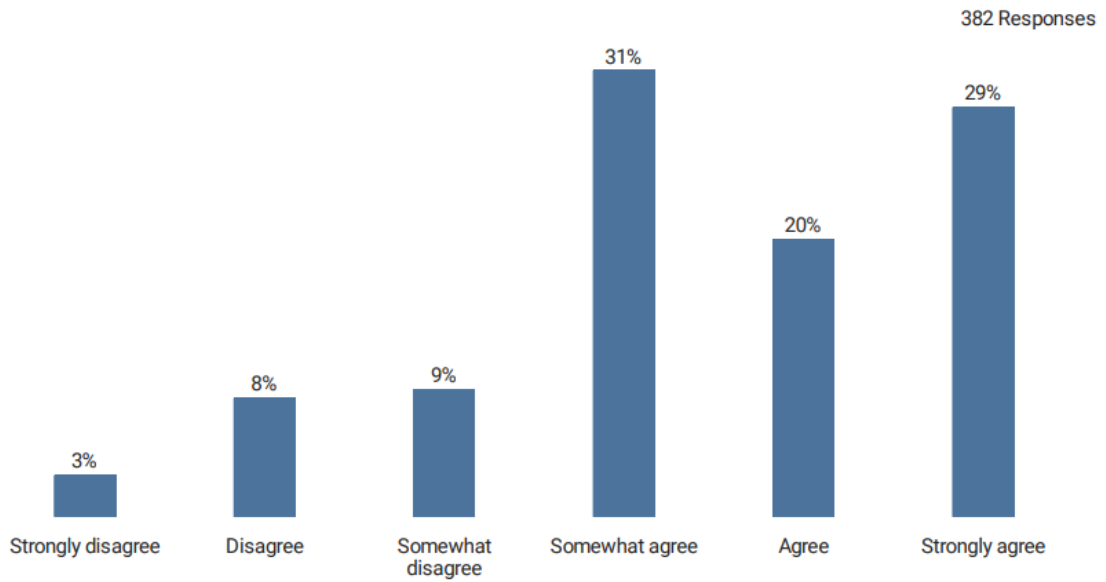
In the past 12 months, I needed help for emotional or mental health problems or challenges such as feeling sad, blue, anxious or nervous.



PERCEIVED NEED (CURRENT)*

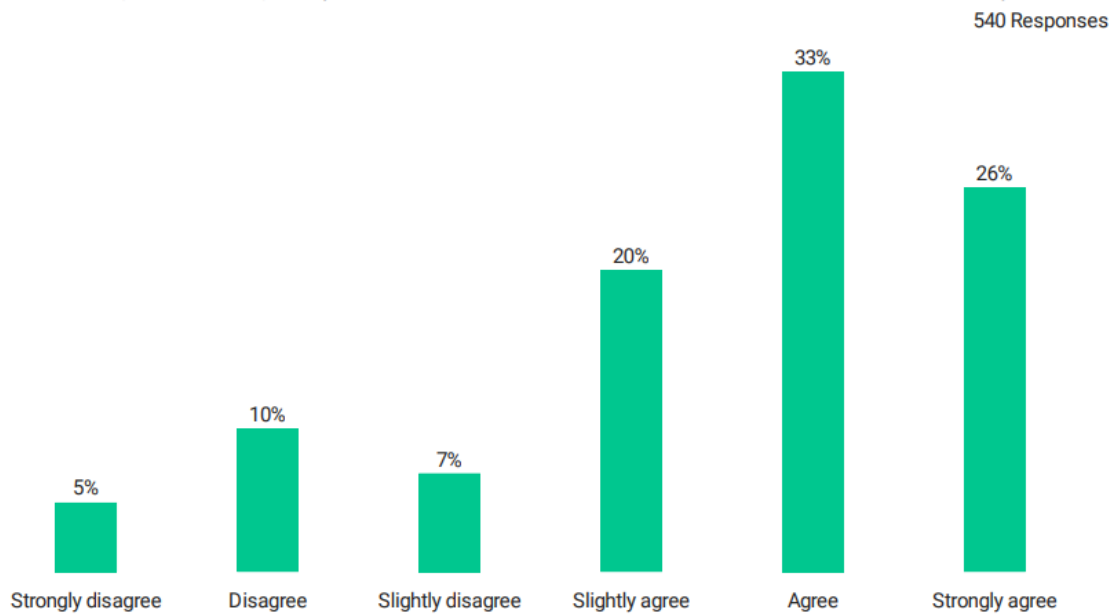
I currently need help for emotional or mental health problems or challenges such as feeling sad, blue, anxious or nervous.

*Among students who indicated they needed help for emotional or mental health problems in the past year



KNOWLEDGE OF CAMPUS RESOURCES

If I needed to seek professional help for my mental or emotional health, I would know where to access resources from my school.



USE OF SERVICES

Psychotropic medication use: past year, all students

In the past 12 months have you taken any of the following types of prescription medications? (Please count only those you took, or are taking, several times per week.)

Medication Category	Percentage of Responses
Psychostimulants (e.g. methylphenidate (Ritalin or Concerta), amphetamine salts (Adderall), dextroamphetamine (Dexerdine), etc.)	7%
Antidepressants (e.g., fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), escitalopram (Lexapro), venlafaxine (Effexor), bupropion (Wellbutrin), etc.)	22%
Anti-psychotics (e.g., haloperidol (Haldol), clozapine (Clozaril), risperidone (Risperdal), olanzapine (Zyprexa), etc.)	1%
Anti-anxiety medications (e.g., lorazepam (Ativan), clonazepam (Klonopin), alprazolam (Xanax), buspirone (BuSpar), etc.)	9%
Mood stabilizers (e.g., lithium, valproate (Depakote), lamotrigine (Lamictal), carbamazepine (Tegretol), etc.)	3%
Sleep medications (e.g., zolpidem (Ambien), zaleplon (Sonata), etc.)	3%
Other medication for mental or emotional health	4%
Don't know	1%
No, none of these	70%

525 Responses

Psychotropic medication use: past year, among students who screened positive for anxiety (GAD-7 score ≥ 10) or depression (PHQ-9 score ≥ 10)

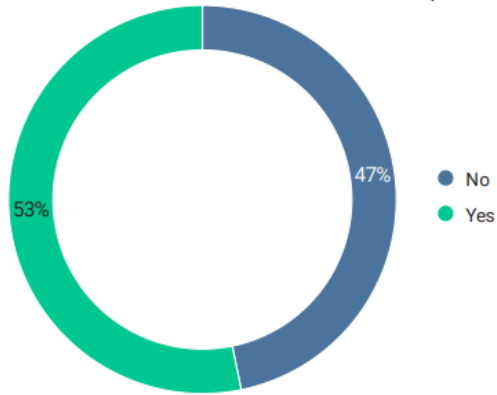
Medication Category	Percentage of Responses
Psychostimulants (e.g. methylphenidate (Ritalin or Concerta), amphetamine salts (Adderall), dextroamphetamine (Dexerdine), etc.)	10%
Antidepressants (e.g., fluoxetine (Prozac), sertraline (Zoloft), paroxetine (Paxil), escitalopram (Lexapro), venlafaxine (Effexor), bupropion (Wellbutrin), etc.)	33%
Anti-psychotics (e.g., haloperidol (Haldol), clozapine (Clozaril), risperidone (Risperdal), olanzapine (Zyprexa), etc.)	2%
Anti-anxiety medications (e.g., lorazepam (Ativan), clonazepam (Klonopin), alprazolam (Xanax), buspirone (BuSpar), etc.)	12%
Mood stabilizers (e.g., lithium, valproate (Depakote), lamotrigine (Lamictal), carbamazepine (Tegretol), etc.)	4%
Sleep medications (e.g., zolpidem (Ambien), zaleplon (Sonata), etc.)	5%
Other medication for mental or emotional health	5%
Don't know	1%
No, none of these	59%

269 Responses

THERAPY USE: LIFETIME

Have you received counseling/therapy for mental health concerns?

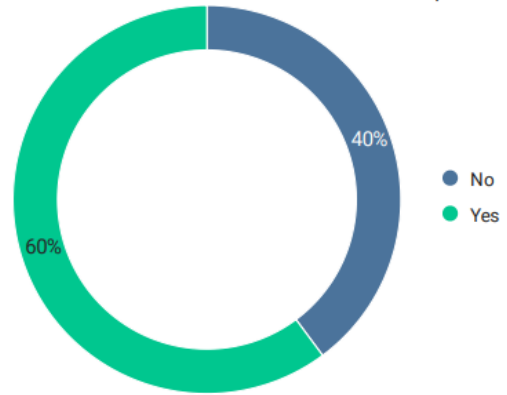
526 Responses



THERAPY USE: LIFETIME*

*Among students screening positive for anxiety (GAD-7 score ≥ 10) or depression (PHQ-9 score ≥ 10)

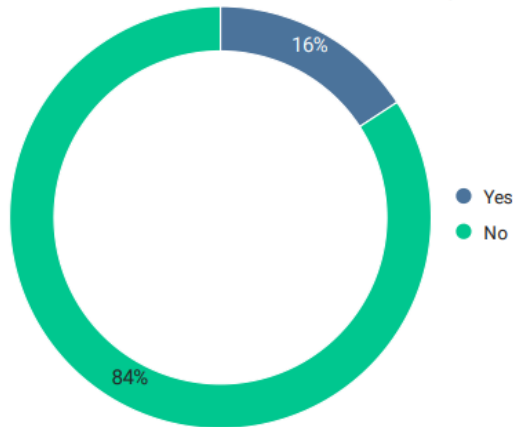
269 Responses



THERAPY USE: CURRENT

Are you currently receiving counseling or therapy?

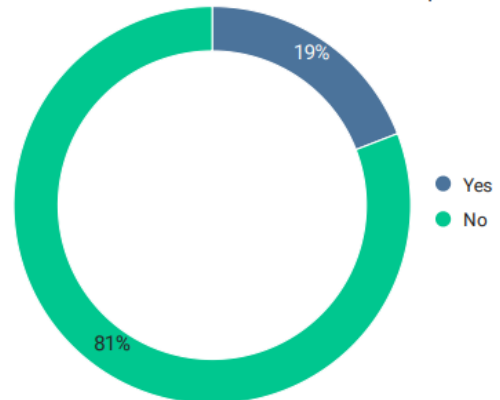
526 Responses



THERAPY USE: CURRENT*

*Among students screening positive for anxiety (GAD-7 score ≥ 10) or depression (PHQ-9 score ≥ 10)

269 Responses



INFORMAL HELP-SEEKING

In the past 12 months, have you received counseling or support for your mental or emotional health from any of the following sources? (Select all that apply)

Source of Support	Percentage of Responses
Roommate	12%
Friend (who is not a roommate)	45%
Significant other	36%
Family member	43%
Religious counselor or other religious contact	7%
Support group	2%
Faculty member/professor	4%
Staff member	1%
Other non-clinical source	1%
No, none of these	27%

BARRIERS TO HELP-SEEKING*

In the past 12 months, which of the following have caused you to receive fewer services for your mental or emotional health than you would have otherwise received? (Select all that apply)

*among students who received mental health services in the past year

Barrier	Percentage of Responses
No need for services	20%
Financial reasons (too expensive, not covered by insurance)	46%
Not enough time	32%
Not sure where to go	19%
Difficulty finding an available appointment	19%
Prefer to deal with issues on my own or with support from family/friends	18%
Privacy concerns	3%
People providing services don't understand me.	11%
Fear of being mistreated due to my identity/identities	7%
Other	11%
No barriers	12%

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Appendix F: MTSU Social Norms Posters

Keep count and know your amount

Did you know?

8 out of 10 MTSU students consume 4 or less alcoholic drinks in a social setting



Scan here to discover what most MTSU students are doing outside of class

TN Department of
Mental Health &
Substance Abuse Services

**MIDDLE
TENNESSEE**
STATE UNIVERSITY.

I AM *true*
BLUE.

1123-2606 / Middle Tennessee State University does not discriminate on the basis of race, color, national origin, sex, disability, age, status as a protected veteran, or any other category protected by law. See our full policy at mitsu.edu/lec.
This project is funded under a Grant Contract with the State of TN Department of Mental Health and Substance Abuse Services.

Let's talk, because nothing is too small

Did you know?

95% of MTSU students say they would not think less of someone who has received mental health treatment



Scan here to discover what most MTSU students are doing outside of class

TN Department of
**Mental Health &
Substance Abuse Services**

**MIDDLE
TENNESSEE**
STATE UNIVERSITY.

I AM *true*
BLUE.

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This project is funded under a Grant Contract with the State of TN Department of Mental Health and Substance Abuse Services.

Sticking with naps and coffee for studying? So are your classmates

Did you know?

9 out of 10 MTSU students
have never used a non-prescribed
stimulant to study



Scan here to discover what most MTSU students are doing outside of class

TN Department of
Mental Health &
Substance Abuse Services

**MIDDLE
TENNESSEE**
STATE UNIVERSITY.

I AM *true*
BLUE.

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This project is funded under a Grant Contract with the State of TN Department of Mental Health and Substance Abuse Services.

New Year, New Me No Vape

Did you know?

9 out of 10 MTSU students
do not use a vaping device
on a daily basis



Scan here to discover what most MTSU
students are doing outside of class

TN Department of
**Mental Health &
Substance Abuse Services**

**MIDDLE
TENNESSEE**
STATE UNIVERSITY.

I AM *true*
BLUE.

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This project is funded under a Grant Contract with the State of TN Department of Mental Health and Substance Abuse Services.

Appendix G: Zen Den

Step into the Zen Den

Your Oasis of Calm on Campus



Where Stress Meets Tranquility



← Book some Zen Time

Available Monday – Friday | 8 am – 4 pm | KUC 326-S

**MIDDLE
TENNESSEE**
STATE UNIVERSITY
Counseling Services

Appendix H: Alcohol eCHECKUP TO GO

Welcome to the Alcohol eCHECKUP TO GO at Middle Tennessee State University

The Alcohol *eCHECKUP TO GO* will provide you with accurate and personalized feedback about:

- ✓ Your individual drinking pattern
- ✓ Your risk patterns
- ✓ Your aspirations and goals
- ✓ Helpful resources at **Middle Tennessee State University** and in your community

This Alcohol *eCHECKUP TO GO* program was purchased for the exclusive use of, and tailored to, the Middle Tennessee State University community. If you are not a member of the Middle Tennessee State University, please do not proceed on this site.



play pause mute vol+ vol- text

+ Start a new eCHECKUP TO GO

Q Review a Previous Entry

i More Info...

The pages produced by the eCHECKUP TO GO program are valid HTML and CSS and are Section 508 compliant.
Javascript is required for the proper operation of this web site.

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i Disclaimer

Appendix I: Cannabis eCHECKUP TO GO

Welcome to the Cannabis eCHECKUP TO GO at Middle Tennessee State University

The Cannabis *eCHECKUP TO GO* will provide you with accurate and personalized feedback about:

- ✓ Your individual pattern of cannabis use
- ✓ Your risk patterns
- ✓ Your aspirations and goals
- ✓ Helpful resources at **Middle Tennessee State University** and in your community

This Cannabis *eCHECKUP TO GO* program was purchased for the exclusive use of, and tailored to, the Middle Tennessee State University community. If you are not a member of the Middle Tennessee State University, please do not proceed on this site.



play pause mute vol+ vol- text

Start a new eCHECKUP TO GO

Review a Previous Entry

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Appendix J: Request for Exception, Tobacco on MTSU Property

REQUEST FOR EXCEPTION TO ALLOW USE OF TOBACCO ON MTSU PROPERTY

Requesting Individual (name, address, M-number, phone number)	Requesting Department
Detailed description of proposed activity :	
Description of requested location:	
Age and number of expected participants:	
Anticipated safety measures/protection from secondary effects of tobacco use:	

Applicant

Date

CONCUR:

Print name:
Campus Planning

Date

Print Name:
Environmental Health and Safety Services

Date

APPROVED:

Provost or Vice President,
as applicable

Date